THE BRACERO PROGRAM IN CALIFORNIA

With Particular Reference to Health Status, Attitudes, and Practices

by

Henry P. Anderson

Graduate Research Public Health Sociologist

School of Public Health
University of California

March, 1961

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I. FOREWORD

The "bracero program," also referred to frequently as the "Mexican National program," is a system under which approximately 450,000 men from Mexico are imported each year to perform agricultural labor in the United States under contract.[1]

Late in 1956, a research project concerning certain aspects of this program began in the School of Public Health, University of California at Berkeley, under grants from the Haynes Foundation (Los Angeles), and the National Institutes of Health. This project was principally concerned with the implications of the bracero program for public and personal health, and, even more specifically, with the question of whether or not braceros are undergoing changes in their ideas about health as a consequence of their participation in the contract labor system. The methodological, theoretical, and substantive details of this study may be found in a series of articles currently in preparation.

The research had its "practical," or "applied" aspects, as well. Among the purposes envisaged in this study were the seeking of answers to the following questions: (1) "What are the principal obstacles to optimum extension of health services to, and utilization of these services by, Mexican Nationals?" (2) "How can these obstacles be overcome or minimized?"

In other words, the study was intended to include a critical evaluation of the health and medical care aspects of the bracero system, broadly defined. The present memorandum has been prepared with this evaluational purpose in view.

For several reasons, it is felt that this memorandum should be of an administrative and confidential nature, and limited in circulation to the individuals and agencies directly involved in the health and medical care aspects of the bracero program.

No one is in so good a position to influence the health status of braceros as the agencies which administer the program. We believe these agencies may be unaware of some of the defects which have developed in the system. We are confident that once these defects are made known, the agencies will do what they can to remedy them. To assist in this process, we offer, from point to point in the memorandum, recommendations for concrete steps which appear to merit consideration in the interest of improved administration of the bracero program.

Secondly, we have felt an administrative communication more appropriate than a public document because in some cases our comments are somewhat impressionistic. There has not been opportunity to have the writer's observations checked by other observers. In some instances, we shall be

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[1] There is no generally satisfactory, comprehensive, objective description of this program available in print. Partial descriptions may be found in U. S. Department of Labor, Farm Labor Fact Book, Washington, D. C., 1960; and California Senate Fact-Finding Committee on Labor and Welfare, Hearings, Sacramento, 1959-1960.

discussing matters which we cannot say for a certainty are as they have been presented, but which have been reported to be so or appeared to the investigator to be so. Although some of this material falls short of the standards of proof which would be required in a definitive study we believe the administrative agencies will appreciate the difficulties of obtaining incontrovertible evidence in a subject area such as this. Indeed, this survey had no such purpose in view.

Finally, and perhaps most importantly, this report has been prepared in the form of a confidential memorandum because it follows a form which might be misunderstood by a general readership. The casual reader, dipping into the manuscript here and there, might feel this was intended as an all-inclusive description of the bracero program. It is not. We are not here primarily concerned with what is right in the health and medical arrangements for Mexican contract workers. Rightness on the part of the system is assumed. It is, after all, supposed to function properly, and such functioning need not be considered noteworthy. Our failure to mention one or another facet of the health arrangements for braceros, therefore, does not mean it is unimportant, or has been disregarded, but that it appears to be performing in the manner in which it is intended to perform. We have felt the limited space available could be used to far better effect by focusing on those aspects of the system which appear to be defective, but are perhaps reparable. To the unsophisticated reader, the result might appear "unbalanced." The limited readership for which this report has been prepared, however, will understand its special purpose.

No claim is made that we shall, in the following pages, touch upon all the considerations which influence the health of braceros in the United States. For example, almost nothing is said about interpersonal relationships (between bracero and employer, bracero and bracero, etc.), important as that subject is for mental health. Other relevant factors, too, have been treated sketchily, if at all--principally because of space and time limitations. The reader with specialized interest in one or more of these factors is invited to communicate with the author.

We have chosen to focus here upon the relatively overt and relatively controllable aspects of the health arrangements for braceros. Much of our information about these matters was obtained through direct observation. Some was gathered from secondary sources, such as articles and unpublished memoranda and letters. Much information was obtained from interviews. These were of two general types. We conducted several hundred unstructured interviews--many of them closer to ordinary conversations than interviews as generally understood--with all manner of persons involved in one way or another with the bracero program: doctors, camp managers, enforcement agents, priests, labor leaders, and others. And we conducted 1,149 standardized interviews with braceros themselves, in the course of which they were given the opportunity to comment upon their health and medical experiences. On the basis of these structured interviews, we compiled a wealth of primary data, some of which appears in the following pages, much of which does not. Once again, the interested reader is invited to correspond with the author if he desires additional information of this sort.

It might be pointed out in advance that the "n's"--i.e., numbers of cases--found in the several tables deriving from interviews with braceros often vary from one table to another. Such variation does not indicate that informatns were selected differently for different questions or that any

responses were eliminated in coding or tabulating processes. Standardized techniques of interviewing and data processing were employed at all times. Variations in "n's" stem from the fact that questions were added to or subtracted from our interview schedule from time to time. We had barely completed what was essentially a pre-test, and settled upon a final version of our schedule, when we had to terminate our field work--some months sooner than we had anticipated.

As still another source of material, we have drawn upon whatever was available in the way of official statistics, analyses, and reports concerning braceros' health status, medical experiences, and related environmental factors.

This memorandum is being distributed to organizations and agencies which are associated in some way with the conduct of the Mexican National program, and particularly with its health and medical aspects.

The material in this memorandum is not for quotation or distribution beyond the agencies concerned. All opinions expressed are those of the writer alone, and should not be construed as implying approval or endorsement by the School of Public Health, University of California, National Institutes of Health, Haynes Foundation, or their officers. The research upon which this memorandum is based was carried out with the advice of a faculty Advisory Committee composed of persons from the fields of anthropology, sociology, economics, and public health. However, these project advisors are not responsible, either individually or collectively, for the materials presented here, the way in which they are presented, or the constructions put upon them.

One final introductory disclaimer: in the course of the following discussion, many suggestions for the administrative improvement of the bracero program are advanced. However, these should not be taken to imply endorsement of the program if and when such improvements are made. We do not assume here that the bracero system, as such, should or should not continue. We only assume that if the program continues, everyone concerned will wish it to operate as constructively and well as possible.

Henry Anderson

March 1, 1961

II. PRECONTRACTING EXPERIENCES

A. Introduction

The factors which bear a relationship to the health of braceros in the United States come into play long before the men enter this country. It is not possible for us here to trace this process back to its very beginnings. For example, we are not in a position to assess the diet which campesinos (field workers) customarily receive in the parts of Mexico from which braceros are drawn. We are in no position to evaluate the health services, whether folk or scientific, which braceros may have received in the years before they started coming to the United States.

We propose to take up the thread of experiences impinging upon braceros' health status at that point when Mexican villagers decide to leave their villages, journey to a Migratory Station, and try to obtain a contract to work on United States farms. As we shall see, these early rivulets of the contract stream--or "way of the cross," as braceros themselves often call it--are among the most important of all the stages of the contract process as far as their impact upon health is concerned.

B. Description

Article 5 of the International Agreement under which the bracero program operates states that "It will be the responsibility of the Mexican Government to assemble prospective workers at the Migratory Stations. . . ." Nothing is said as to how this is to be done, and nothing is said about the disposition of these prospective workers from the time they arrive at the towns in which Migratory Stations are located,[1] until the time they actually begin to undergo physical examinations, security checks, and other phases of their processing. The experiences of the typical bracero from the time he leaves his home until he finally signs a contract are likely to be the most disquieting he encounters at any time during his association with the program.

There are three ways in which the Mexican government discharges its responsibility of assembling prospective workers at the Migratory Stations. The first is an emergency measure, as explained by the foreman of a bracero crew in San Diego County:

> In Mexico, like you know, they haven't got irrigation and pumps and all of that. They have to get by on just their rainfall. Well, when it doesn't rain, the boys have got it a little rough. Like right now. This is supposed to be the rainy season down there, but it hasn't rained. Most of those fellows aren't going to have any crop at all. Well, what they do when they can't raise enough corn or beans to keep 'em going for the year, is they go to the government. They get

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[1] Migratory Stations are presently located at Monterrey, Nuevo León; Chihuahua, Chihuahua; and Empalme, Sonora.

a kind of receipt from the government saying this is a hardship case, and that lets 'em come right across. They don't have to wait around or nothing. They breeze right through. And they don't have to pay a darn cent.[1]

The author has talked with several braceros who came to the United States under such an arrangement. The Secretaría de Gobernación (Ministry of Interior) had enabled them to secure contracts quickly and without cost, and in some cases had even provided them free transportation from their villages to the Migratory Station.

The second method of assembling prospective braceros is more common. The Secretaría de Gobernación, through consultation with the Mexican Ministries of Agriculture and Labor, determines which areas of Mexico are able to spare men for work in the U.S., and in what number. These states are assigned quotas, and the respective governors are notified of these quotas. The governors then divide the quotas among the various municipios[2] of their states. Permisos (permits) are distributed in accordance with the quotas. A prospective bracero is supposed to have a permiso in his possession in order to be considered for a contract at the Migratory Station.

The selection of individuals who are to receive the permisos and hence become eligible for contracts as braceros rests with the presidente (mayor) of each municipio. He has the authority to distribute the permisos in any way he chooses. Theoretically, permisos are intended to be distributed in such a way the area's essential labor supply is not depleted, and families are disrupted to the least possible extent. The permits are in no case supposed to be sold. Some presidentes are no doubt conscientious in these regards. But many are not. Over and over again, one hears from those who have observed the system in operation, and from braceros themselves, that in most cases eligibility for a contract is gained only after payment of a considerable sum of money.

The Mexicans have a word for such an arrangement: mordida.[3] The mordida system is deeply engrained in Mexican politics and law enforcement. It "facilitates" otherwise troublesome dealings and relationships. It is widely accepted as a necessary part of the scheme of things.[4] This widespread acceptance of the system by those whom it exploits as well as those whom it benefits makes eradication or control of the system very difficult. The Mexican government has sporadically but ineffectually tried to reduce the prevalence of mordismo within the bracero program. It seems likely that four-fifths or more of the men who enter the contracting stream do so only after payment of one or more mordidas.

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1 Interview, June 23, 1957.

2 A political subdivision roughly corresponding to a county in the United States.

3 This is essentially untranslateable. Literally, it means "bitten." It is a form of payment which lies, in the eye of the beholder, somewhere between a bribe and a gratuity for services rendered.

4 In a way, this view is justified. In Mexico, as in a number of other countries, salaries of government officials are set so low that it is difficult to avoid the conclusion that these officials are expected to supplement their income in whatever ways their ingenuity and opportunities may afford.

One of our bracero informants made the following observations about the origins and nature of the mordida system as it functions within the setting of the bracero program:

> My government has nothing to do with this. It is merely government employees who conduct these practices.[1] We, the braceros are truly the guilty ones. When the . . . program first began, we would pay the government agents 5, 10, or 20 pesos--just small gifts for the sake of friendship, as they say. The gifts gradually got larger and larger, and the agents began to take them for granted. Consequently, it is we who have converted these government men into agentes sinvergüenzas (agents without shame). I myself paid these sums of money in Guadalajara, which is my city. But my city is not to blame.
>
> The agents of which I speak usually are to be found in small towns where there are tontos (fools) who will pay them these mordidas in order to get contracted faster.[2]

The third principal method by which braceros assemble at Migratory Stations is not, strictly speaking, supervised by the Mexican government at all. Yet everyone connected with the program knows it is commonplace, and the government must in the final analysis be held accountable. The third method is lack of method. Men journey from their villages to the Migratory Stations on their own initiative, in hopes of getting a contract. Perhaps they are unaware they are supposed to have a permiso signed by their presidente. Perhaps they have tried but have been unable to secure such a document. Whatever the reason, tremendous numbers of libres (free men) descend upon the Migratory Stations, armed with little more than hope and patience. Although no data are available on this point, field observations suggest that during most seasons, libres considerably outnumber the prospective braceros who arrive at Migratory Stations under both the other, more systematized, recruitment procedures.

The arrival at the Migratory Stations of thousands and tens of thousands of men without pre-arrangement has led to the most serious conditions and gravest abuses of any aspect of the entire bracero system. Some of the consequences are suggested in the following quotations:

> At Hermosillo[3] . . . 12 thousand penniless aspirants have for weeks been camping out in a city park. They have swelled the city's population by a full one-fifth. This naturally has brought on a local relief program of unheard-of proportions to which individual citizens, the town itself and state authorities have responded valiantly if inadequately.

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[1] The assumption that "the government" has a metaphysical existence distinct from the men who comprise it is not peculiar to this informant or this situation.

[2] Interview, August 22, 1957. Despite this informant's trenchant criticism of mordidismo, he himself had abided by its demands on each of the three occasions he had been to the United States as a bracero.

[3] This Migratory Station has since been moved to Empalme.

> The most galling part of the whole process is the uncertainty of it all. Men have to wait on the scene for weeks. Day after day there is no hiring. Some days hundreds of men must stand for hours under the broiling sun while the representative of some California grower selects some fifty from their number. Then there is another indefinite wait until another rancher arrives.[1]
>
> * * * *
>
> I have personally seen these people both in Monterrey and Guadalajara. There are very few if any toilet facilities for these people. American tourists had to go by the poor people and see them defecate and micturate behind bushes outside the railway station. The sight was pathetic.[2]
>
> * * * *
>
> At Empalme, there are thousands of men standing in line for days at a time, just waiting. They don't dare leave the lines for meals or anything else, because they are afraid of missing out on their big chance. And, of course, even after you stand in line and finally get to the head of the line, you still have the gamble of whether or not you'll be selected. Out of every thousand men perhaps only one hundred will actually be chosen to come to the United States.[3]

Some aspirants never do get a contract, and eventually return to their homes empty-handed. The "uninvited" who succeed in getting contracts do so only after meeting the requirements of a mordida system which is even more highly organized and demanding than is the case at the village level. The competition at Migratory Stations is so intense that the friends, relatives, and political henchmen of petty officials are able to ask and receive higher prices for their "favors." These go-betweens in the system are often referred to as enganchadores ("hookers").

The prospective bracero is apt to find, after arriving at the town in which the Migratory Station is located, that the delay in getting a contract is greater than he had anticipated. In order to meet his living expenses, which are high at Migratory Stations, he is forced to dip into the funds set aside for mordidas. Then, if he cannot meet the demands of the enganchadores, he is in trouble, for these agents are not prone to dicker. There are many other candidates waiting, and there are always

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[1] "Hiring Mexican Farm Hands," The Commonwealth, May 4, 1951, p. 76.

[2] Joe Robert Juarez, "Migratory Workers." Bishop's Committee for the Spanish Speaking, San Antonio, Texas, 1956, p. 17. (Mimeographed.) The same writer goes on to observe that city officials, perhaps with American tourists in mind, had made it a point to suppress begging on the streets.

[3] Interview, July 17, 1957.

some who have the required price. The candidate who finds himself short of money may do one of three things. He may go home. This, however, is a last resort. He may try to earn a little money while waiting. He quickly discovers this is easier said than done. For example, the Migratory Station which processes all braceros destined for California is located in Empalme, Sonora. The town of Empalme is little more than a crossroads--which is what empalme means. Its population prior to the bracero program was about 10,000. As many as 25,000 men congregate there at the height of the contracting season, a great number of whom are anxious for employment while waiting. A handful of openings are created in restaurants, cantinas (bars), and stores, but, for the most part, the bracero who wishes to supplement his dwindling nest egg has recourse only to his wits. Hair-cutting, shoe-shining, and other small services to fellow braceros may be offered at bargain rates. A few candidates for contracts make a business of selling water at 25 centavos a glass to their comrades. (The public water supply in Empalme is unpotable, owing to a high saline content.)

During certain seasons of the year, considerable numbers of prospective braceros are able to take advantage of a working arrangement that has sprung up between officials at the Empalme Migratory Station and growers in arable portions of Sonora. Agents of these ranches (many of which are owned by U. S. corporations) recruit workers from among the men on the streets of Empalme. The understanding is that after fifteen days of such employment, the workers' names will be placed on a lista, and they will shortly be admitted to the Migratory Station for processing, without the necessity of paying mordidas. One of our informants, who had been through this "little contract" experience, stated that he made barely enough, picking cotton on a Sonora plantation, to pay for his food during the fifteen days, but that he did not mind, because he had to wait only two or three more days before being shipped to the United States.

A third course of action is open to the prospective bracero who finds himself without sufficient cash to meet the going mordida rates. He can tighten his belt, day by day and simply wait.[1] Perhaps he will become friendly with someone who has "connections." Perhaps he will be able to perform a service for a government official at the Migratory Station. Perhaps an urgent request will come in from a U. S. growers association for an unusually large consignment of men. The demand almost never exceeds the supply of prospective braceros, but such a situation is conceivable.

One of the most pitiable groups touched by the bracero system consists of those aspirants who misjudge the amount of money required to negotiate the pre-contracting process, and who, after exhausting their funds, never do get inside the Migratory Station. In many cases, these are men

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[1] Waiting is often involved even after one has paid the requisite mordidas. One is placed at the bottom of a lista, and it may take a week or two to clear those who have precedence. Of course, if one is able to pay for the added service, one may be placed nearer the top of the lista. It is not uncommon for a man to pay in mordidas what he had set aside for living expenses. In such circumstances, a week's wait, or even two or three days' wait, becomes a sore trial.

who have had to borrow money before leaving their villages. Without contracts they have no prospects whatever of repaying their debts. According to one of our informants, himself a native of Mexico,

> The guy who winds up broke and with no contract usually doesn't dare return home. He knows that if he does, he will be clapped in jail. So he usually finds his way to one of the big cities, and adds to their already overcrowded unskilled labor market. What happens to the families? Your guess is as good as mine.[1]

By one means or another, however, most of the men who go to Migratory Stations as libres probably obtain contracts eventually.[2] The average wait in this group is probably between two and three months. Interviews with a large number of braceros indicated that the median wait, taking all groups together--including those with permisos--was three weeks.

TABLE 1

380 Braceros' Answers to the Question, "How Long Did You Wait at the Empalme Recruiting Station Before Your Most Recent Contract?"

	Number	Per cent
1 - 7 days	36	9.5
8 - 14 days	71	18.7
15 - 21 days	85	22.4
22 - 29 days	52	13.7
1 month	62	16.3
2 months	59	15.5
3 months and over	15	3.9
TOTAL	380	100.0

Median: 21 days

[1] Interview, July 11, 1958.

[2] At least, enough obtain contracts to keep the stream of the "uninvited" flowing. It may be assumed that if the majority of prospective braceros were forced to return home disappointed, word would spread, and the hopes and plans of other prospective braceros would be revised accordingly.

There is a direct and conspicuous connection between the waiting period at Migratory Stations and the health status of braceros when they arrive at their places of employment in the United States. The manager of a large bracero camp in San Bernardino County told us,

> When we first get a batch of new men in here they are usually nothing but skin and bones. The other night, for example, a group came in who had waited three months at Empalme before they could get their contracts. We get them here in a very run down condition. I would guess that on the average our men will gain 10 to 15 pounds in their first few weeks with us.[1]

A representative of the American Freinds Service Committee told us,

> I have heard of cases where a man had to wait a year at the contracting station at Chihuahua before he got a six-week contract. And I heard of one case where a man died in Empalme. They couldn't find any signs of violence or immediate cause of death, so they performed an autopsy. The autopsy showed that his stomach and intestines contained nothing but paper. This is what he had been eating, trying to stay alive until he could get a contract.[2]

Almost every bracero can tell stories such as this one which was related to us by an aspirant waiting at Empalme:

> Some of the braceros go down to Guaymas and wait for the American tourists to come in from their fishing. After the tourists have had pictures taken of their fish, sometimes they throw them away, and the braceros eat the fish. Some of the braceros go hungry. About a week ago, some friends of mine and I found a bracero under a tree. He was dead. When they were trying to find out what he had died from, they found that all he had inside of him was two banana skins. He had starved to death.[3]

Statistics presently available do not enable us to contrast the incidence of illness among recently-arrived braceros with that of braceros who have been in the United States long enough to have recovered from their pre-contracting experiences. It is suggestive, however, that twenty-five informants in the course of our study volunteered the information that they had become ill as a result of exposure, malnutrition, insanitation, or other conditions associated with their wait at Empalme.

C. Comments and Recommendations

An official of the U. S. Department of Labor told us that however deplorable conditions may be in the pre contracting process, they are

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[1] Interview, July 13, 1957.

[2] Interview, October 7, 1957.

[3] Interview, July 17, 1958.

totally outside the capacity of the United States to influence.[1] It is said that any efforts on the part of the U. S. to ameliorate pre-contracting conditions will be interpreted as infringements of Mexico's sovereignty, and will jeopardize the entire program. The validity of these arguments is open to question. It is suggested here that the U. S. Government can influence any aspect of the bracero program when it seriously wishes to do so even if this influence is at second-hand, as would be the case in the pre-contracting process. What would be required, essentially, would be for the U. S. delegation to the next renegotiation of the International Agreement to take a firm stand on the following position: under present circumstances, the program is failing in its purpose of providing able-bodied workers, since many workers arrive in a debilitated condition as a consequence of their pre-contracting experiences; unless the pre-contracting process is brought under better control by the Mexican government, the U. S. will be unable to continue calling for these workers. Such a firm stand would probably result in significant improvements, relatively soon. The Government of Mexico, whatever its public pronouncements, needs the bracero program far more than does the Government of the United States.

Once it is agreed that the U. S. Government has not only the right, but the responsibility, to clean up every corner of an international system which it created, a number of more specific recommendations may be suggested.

(a) The program of the Mexican Ministry of the Interior, under which victims of crop failure are given special consideration, should be strengthened and expanded. It should become the rule rather than the exception. In view of the underdeveloped state of Mexican agriculture, it is likely there are enough such cases of urgent need in Mexico to fill all the contracts the U. S. has to offer.[2]

(b) At the same time, the system of recruitment through permisos distributed at the local level should be curtailed if not eliminated altogether. Under this system, many contracts go not to genuine hardship cases, but quite the reverse: to men who are best able to pay for them. The system of payment for permisos will probably be harder to control if recruitment remains at the local level then if recruitment responsibilities are transferred to the Federal Government of Mexico, as suggested above.

(c) The practice of granting contracts to men who arrive at Migratory Stations as libres should be abolished absolutely. This change would work a hardship on many men who were already waiting at Migratory Stations, or were en route. These men should be provided with free transportation back to their homes. Through the operation of government sources of information, together with the "grapevine," within a few weeks

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[1] Interview, May 1, 1958.

[2] For example, in Mexico's two principal agricultural states, Jalisco and Guanajuato, corn yields 21 bushels per man-month of labor; in Iowa, 567 bushels. (John Abel Hopkins, Mexican Farm Wages and Farm Labor Productivity, U. S. Dept. of Agriculture, Office of Foreign Agricultural Relations, Foreign Agricultural Report No. 46, 1950, p. 5.)

virtually all aspirants for contracts would know that it is useless to arrive at a Migratory Station without the advance knowledge and consent of the Ministry of Interior.

(d) When the arrival of prospective braceros at Migratory Stations is regularized, it will become possible to plan for housing and feeding these men while they are waiting to be processed. If the new system proves as orderly as it can and should be, men will rarely need to be held at a Migratory Station for more than two or three days before being sent to the border.

(e) Such an arrangement presupposes that estimates of need for braceros will be made by U. S. growers and government agencies accurately and well in advance. This, in turn, presupposes that agencies such as the California Department of Employment and U. S. Department of Labor will improve their methods for estimating farm worker requirements and the supply of domestic farm laborers, since authorization for the use of braceros is contingent upon such background information.

III. MEDICAL SCREENING OF PROSPECTIVE BRACEROS

A. Introduction

In addition to the pre-contracting process described above, another aspect of the bracero system, which comes into play before the men even become braceros, deserves careful attention. In common with all aliens, Mexican Nationals, under this country's Immigration and Nationality Act, must be medically screened before admission to the United States. In some respects, the medical screening undergone by prospective braceros is particularly adapted to the nature of this program. For example, persons who are crippled are not excludable under the McCarran-Walter Act; they are excludable under the bracero program.

The medical screening of aliens seeking permanent or temporary admission to the United States is usually thought of primarily as a means of protecting the public health. For the purposes of the present study, it has another dimension of significance. The fact that all prospective braceros are screened medically presumably has something to do with the extent of their health needs while in the United States, and, thus, something to do with the question underlying this report: are the health needs of braceros being met adequately?

The medical screening of braceros is divided between certain operations which are performed at the Migratory Stations in the Mexican interior, and other functions which are performed at Reception Centers on the U. S. border. In addition, a few braceros receive a preliminary screening before they arrive at the Migratory Stations. In this chapter, we shall take up each of these steps in turn.

B. Preliminary Examinations in Hometowns

The initial recruiting points for braceros are Migratory Stations located approximately 200 miles below the U. S. border. As noted in the previous chapter for many braceros the trip from hometown to Migratory Station, and the waiting period at the Migratory Station, is a period of great privation. It is clearly to the prospective bracero's advantage to have some assurance before he undertakes this process that his efforts will eventually yield a contract to work in the United States. One of the ways in which he may enjoy such assurance is through foreknowledge that he has a reasonable chance of passing the two medical screenings involved in the contracting process.

It appears that, in some areas of Mexico, local officials require preliminary physical examinations of prospective braceros before they journey to the Migratory Station. A bracero from the State of Guanajuato told us,

> The presidente (mayor) of Dolores Hidalgo requires us to get a medical examination before we go to Empalme. We get the examinations from the Salubridad Pública (Public Health) office in town, so it doesn't cost us anything. If we pass the examination, they give us a stub. I carry mine with me all the time.[1]

[1] Interview, June 4, 1958.

This procedure, however, is evidently a matter of "local option," and very much the exception rather than the rule. What is more, it can be of no benefit to the majority of braceros who by-pass their local officials in the contracting process, and arrive at the Migratory Stations as libres (free men).

Among more than eleven hundred informants, who were queried about their health experiences, only one bracero volunteered the information that he had taken it upon himself to check the state of his health before journeying to Empalme from his home.

> Before I came here, I went to El Dorado [Sinoloa], near the rancho where I live, and got a chest X-ray which I paid for myself. I did not want to take a chance on being rejected at El Centro. Now I know I am all right, and I do not have to worry about my chances, the way the other braceros do.[1]

There is every reason to believe that most braceros arrive at the Migratory Stations with little or no conception of the condition of their health, and little or no conception of the health requirements they will be expected to meet before they become eligible to receive work contracts. As the manager of one of the Migratory Stations told us,

> We have some pitiful cases show up here. Men with arms or legs missing, for example, or men so old and shrivelled up that a day working in the Imperial Valley would be sure to kill them off. We have to reject them, of course. . . .[2]

C. Medical Screening at Migratory Stations

Article 5 of the United States - Mexico International Agreement, under which the bracero program functions, states:

> It will be the responsibility of the Mexican Government to assemble prospective workers at the Migratory Stations where qualified candidates for contracting will be selected by representatives of the Secretary of Labor after examination by the Public Health Service of Mexico and the Mexican Ministry of Gobernación (Interior).

This wording is unclear as to whether "examination by the Public Health Service of Mexico" is intended to occur at the Migratory Stations, or before candidates are assembled at the Migratory Stations. As we have already observed, examinations are occasionally provided in the municipios (counties) from which candidates are originally drawn. The Mexican Ministry of Public Health plays no part in the medical screening at Migratory Stations, other than vaccinating prospective braceros.

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[1] Interview, August 20, 1958.

[2] Interview, July 15, 1958.

Article 5 of the International Agreement goes on to say,

> At the migratory station, officials of the United States Public Health Service will conduct a physical examination of each candidate to assure that he meets the mental and health requirements for admission to the United States.

In practice, physical examinations at Migratory Stations are conducted by Mexican private practitioners, under the general direction of a U. S. Public Health Service officer in El Paso, Texas. These Mexican doctors are paid on the basis of a flat fee for each candidate examined. In 1958, at the Migratory Station in Empalme, the doctors were receiving two pesos ($0.16 American) for each examination.

The examinations are conducted en masse. When a group of approximately 20 men has been collected within a "bullpen" inside the Migratory Station they are told to strip, and the physical examination takes place. In slack contracting seasons, one doctor is sufficient to conduct all phases of the screening operation. In peak seasons, when as many as 2,500 men may be processed in a single day, 4 or 5 physicians are employed. Each concentrates on a particular area: one auscultates the chest; one examines for gross evidence of venereal disease or hernia; one examines eyes, ears, nose, and throat; one conducts an anal examination; and one conducts a simple neurological and musculoskeletal examination. The examination of each group of candidates requires about five minutes. Despite the language of the International Agreement, no systematic attempt is made to ascertain whether candidates meet "the mental . . . requirements for admission to the United States."

The substantial majority of medical rejections at migratory stations are for Class B conditions, as defined in the Public Health Service's Regulations for the Medical Examination of Aliens. Such conditions include congenital malformations, adolescence or senility, and chronic diseases, as opposed to the "dangerous contagious diseases," such as tuberculosis and venereal disease, which make up the bulk of Class A conditions. The following table indicates the rejections for Class A and Class B conditions at migratory stations over a period of several years.

Table 2

Rejections of Mexican Nationals for Medical Reasons,
All Migratory Stations, 1952-1957

Year	Total Medical Examinations	Rejections					
		Total		Class A Conditions		Class B Conditions	
		Number	Per cent of total Exams	Number	Per cent of total Exams	Number	Per cent of total Exams
1952	187,569	3,613	1.9	407	0.2	3,206	1.7
1953	205,941	7,784	3.8	751	0.4	7,033	3.4
1954	180,871	5,854	3.2	322	0.2	5,432	3.0
1955	263,376	5,594	2.1	1,241	0.4	4,353	1.7
1956	415,210	10,057	2.4	3,279	0.8	6,778	1.6
1957	440,332	5,587	1.3	1,846	0.5	3,741	0.8
1958	406,353	11,634	2.9	1,528	0.4	10,106	2.5
1959	437,920	8,370	1.9	2,069	0.5	6,301	1.4

SOURCE: U. S. Public Health Service, Border Quarantine Section, unpublished data. (Adapted and arranged.)

The percentage of medical rejections at Migratory Stations was the same in 1959 as it was in 1952. In the years between, however, medical rejections had run as low as 1.3% of all candidates examined, and as high as 3.8%. It is difficult to account for these fluctuations, or the even wider fluctuations (from 0.2% to 0.8%) in rejections for communicable conditions.

One of the aspects of the bracero program which has come in for considerable criticism is the maintenance of two medical screening systems, separated geographically by several hundred miles. Over 5,000 braceros per year are cleared in the first screening, but rejected in the second. (See Table 3.) Transportation and other costs to the United States involved in this passage from the first to the second examination probably amount to at least $50,000 a year. Even more important is the psychological effect upon the prospective braceros themselves. Many candidates, having passed the first medical screen, assume they are, in effect, contracted. When they are screened again, at the border, and many are rejected, the grounds for considerable bitterness are created. One of our informants, who had just been rejected at the border for medical reasons, said,

> Why do they bring us all the way up here to tell us we can't have contracts? I spent my last money in Empalme. I do not have five centavos in my pocket. How do they expect me to get back home?[1]

At the time we interviewed this man in the El Centro Reception Center, he was begging for coins from the braceros who had already received their contracts.

Representatives of the Mexican government have also questioned the practice of rejecting men at the border rather than in the initial screening in the interior of Mexico. In 1952, for example, the Mexican government complained that rejections at one border installation were running nearly 20%.

> MEXICO CITY, June 11, 1952, UP. Incomplete medical examinations of Mexican braceros at the Chihuahua Contract Center have caused more than 1,000 of the farm workers to be returned from the U. S. Border at El Paso, it was announced today. At the same time, the government said, 4,828 workers (were) contracted and passed through the border.

In a 1956 speech before the U. S.-Mexico Border Public Health Association, the Health Officer of the state of Baja California, Dr. Victor Ocampo Alonzo, put the case in the following terms:

> Medical examinations are made in both the Mexican Migratory Station and in the United States Reception Centers. We think that the examinations made in Mexican territory are too brief, so that in the United States examinations there appear illnesses like tuberculosis, insanity, hernias, dermatoses, venereal diseases (the most frequent reasons for rejection) that never should have passed unnoticed to the persons who did the medical examinations in Mexico. Must we blame this on the lack of means and facilities of diagnosis, such as the absence of X-rays and laboratories, or to laxity of the persons in charge of the examinations? This is one of the most interesting points which must be cleared up from the health point of view.
>
> Another grave fault in sanitation is the lack of consideration given to the transportation of workers by railroad or by highway. We know of cases of movement of workers without any toilet facilities and no drinking water. Nutrition of the workers in the Migratory Stations and on the way to the Reception Centers is so faulty that many workers have arrived in a starving condition, and they are easy prey to the acute communicable diseases, or are victims of sunstroke in the summertime and freezing in the wintertime.

. . . . . .

[1] Interview, May 12, 1960.

> Let me propose . . . that from this meeting comes a recommendation to the authorities involved . . . to exert their efforts toward the accomplsihment of the purposes stated in the Mexican-United States Agreement.[1]

Prospective braceros who pass the medical examination at the migratory stations are then vaccinated by nurses from the Mexican Ministry of Public Health. Candidates who can produce evidence that they have been vaccinated within the past three years do not have to be re-vaccinated. This evidence usually takes the form of a mica, or identification card received by all braceros who successfully complete their contracts in the United States.

In the early years of the bracero program, dusting for pediculosis was administered at Migratory Stations. It was found, however, that a number of men were re-infested between that point and the border. Dusting is now performed at the border only.

D. Screening at Border Reception Centers

1. Introduction

When prospective braceros first cross the U. S. border, they and their baggage (if any) are searched by agents representing U. S. Customs and the U. S. Department of Agriculture. They are then dusted with a 1% mixture of lindane, inside a stockade maintained immediately adjacent to the International Gate. This is among the phases of the contracting process which braceros find very disagreeable--probably not only because of the nature of the dusting, but because they are given no explanation of the reason for it. Representatives of the Mexican Government are reported to have objected to the dusting program, also--on the grounds that it is an affront to dignity. The U. S. Public Health Service is currently attempting to develop a means of controlling pediculosis which will be less disagreeable, and, hopefully, more effective than the lindane dusting method.

Following the dusting, candidates for contracts are transported in chartered buses to reception centers which are, for legal purposes, "at the border," but are in actuality as much as eight miles north of the border. Technically, the aspiring bracero does not leave Mexican soil until he has completed the processing at one of these reception centers.[2]

When they arrive at a reception center, the candidates are instructed to strip to the waist. They wait in long lines for their second physical examination to begin.

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[1] Victor Ocampo Alonzo, M.D., "Algunos Aspectos Relacionados Con Las Medidas y Problemas Sanitarios de Los Trabajadores Migratorios Agrícolas Mexicanos," Mexicali, B. C., 1956. (Mimeographed.)

[2] Reception Centers are maintained at El Centro, California; Nogales, Arizona; El Paso, Texas; Eagle Pass, Texas; and Hidalgo, Texas.

2. Tuberculosis

Since the inception of the present screening program in 1952, heavy emphasis has been placed upon the detection of pulmonary tuberculosis, and the rejection of men suspected of having had or now having this disease. As may be seen in the following table, a very large proportion of all medical rejections at the border are for tuberculosis.

Table 3

Mexican Nationals Rejected for Tuberculosis,
All Reception Centers, 1952-1959

Year	Total Examinations	Total Medical Rejections	Rejections for Tuberculosis		
			Number	Per cent of Total Exams	Per cent of Total Rejections
1952	N. A.	879	676	N. A.	76.9
1953	193,468	3,862	2,536	1.3	65.7
1954	231,904	3,593	2,724	1.2	75.8
1955	361,081	5,769	4,357	1.2	75.5
1956	465,052	5,757	5,277	1.1	91.7
1957	489,357	5,578	5,050	1.0	90.5
1958	458,660	4,875	4,115	0.9	84.4
1959	489,232	5,210	4,396	0.9	84.4

N. A. Not available

SOURCE: U. S. Public Health Service, Division of Foreign Quarantine, unpublished data. (Arranged and adapted.)

It is difficult, but not impossible, for a candidate to get through without an X-ray. A Public Health Service technician stated,

> We know that a number of braceros switch around with their buddies in line. I don't know whether these are cases where a man actually knows he has tuberculosis, or just doesn't want to take a chance. We also have cases where a whole group of men may get through without X-rays, simply because somebody goofs. In those cases, we catch it later, and bring them back here, even if we have to bring them clear down from Northern California. But it is difficult to control the switching around in line. When

we're processing twenty five hundred men a day or more, it gets so damn crowded in here that the braceros could be taking my X-ray for all I know.[1]

Furthermore, there can be no doubt a number of cases of active pulmonary tuberculosis get through the medical screen simply because the interpretation of films by a single reader is a subjective and unreliable way to detect this disease.

In 1949, for example, Yerushalmy and associates conducted a similar study based on a series of 1,807 70-millimeter photofluorograms of University of California students.[2] This study involved six qualified specialists, four of whom provided two readings each, two of whom read the series only once. Findings included the following:

(a) A single reader, reading the series at a single time, missed an average of 32.2% of the films with evidence of pulmonary lesions, and identified 30 films (1.7% of the series) as "positives" which were in fact negative.

(b) Two independent readings, conducted either by the same reader, or by two different readers, increased the proportion of "false positives" to 3.3% but reduced the number of "false negatives" to 21%.

(c) No combination of readings by panels of three readers reduced the proportion of "false positives" below 1.2% or the proportion of "false negatives" below 21%.

A more recent, even more thoroughgoing study, involving nearly 15,000 70-millimeter chest films, and fifty specialists as readers, demonstrated there were 37.9% "false negatives" in the average single reading.[3]

The Public Health Service attempts to minimize error in its screening of braceros for tuberculosis. The physicians who participate in the screening program are given a ten day orientation in minifilm reading at a P. H. S. Hospital in New Orleans before they begin. In most cases of questionable pathology, braceros are called back for a 14" x 17" film to supplement the minifilm which is taken of all candidates. In some cases, it is possible to compare these questionable films with films taken of the same man during previous years' processings.

Yet, in addition to the limitations of the photofluorogram technique itself, certain limitations are inherent in the bracero screening process.

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[1] Interview, September 2, 1958.

[2] Jacob Yerushalmy, et al., "The Role of Dual Reading in Mass Radiography," The American Review of Tuberculosis, 61:443-464 (April, 1950).

[3] Jacob Yerushalmy, "The Importance of Observer Error in the Interpretation of Photofluorograms and the Value of Multiple Readings," Proceedings of International Congress of Medical Radiography, 11:219-236 (1956).

For one thing, there is only one physician at each reception center to read films. Checking of judgments by other readers is therefore lacking. Secondly, the time pressure under which the screening takes place usually makes it difficult if not impossible for the single reader to check his own judgments by repeated readings.

It is evident that many active cases of tuberculosis among braceros are missed in the border screening and permitted to enter the United States, and that a large number of candidates who are rejected for tuberculosis do not in fact have the disease. (In the light of the findings by Yerushalmy and others, cited above, it is possible the proportion of errors runs to nearly 50%.)

It would appear, then, that there is often some justification for the bitterness of those who are rejected. One bracero who had been working almost continuously in the United States since 1947 said,

> I have spent the best years of my life working for your country. Now they tell me that I cannot come back again, because they say I have tuberculosis. I have never been sick a day in my life. How can I have tuberculosis? If they are going to reject us, why don't they do it at Empalme? Why let us come so far? I suffered three months at Empalme. I slept on the ground, I went without food, I was away from my family. All for nothing.
>
> In the past, whenever I returned to my home, I always took a suitcase full of new clothes, and I always arrived home in a taxi. This time, when I go home, I will arrive at night. I will have to sneak through an alley, and try to hide myself. Even so, I will probably be put in jail because of the money I owe. I had to borrow money, thinking I would get a contract this time, as I have gotten contracts before. I am ruined.[1]

Many braceros are convinced that, if they in fact have tuberculosis, they must have developed it in the United States, and the United States should assume some responsibility for them. For example, a rejectee interviewed at the El Centro Reception Center said,

> I have been working for the _____ _____ _____ Association in Arizona. Last October, I began to feel a pain in my stomach. It was from too little food and to much hard work. I went to a doctor. He didn't tell me what was the matter with me, but he said I should be put in the hospital. Instead, the association endcd my contract. Now that I am trying to get another contract, they tell me it isn't my stomach that is causing the pain, but tuberculosis in my lungs. They should have taken care of it when I first went to the doctor in Arizona, instead of kicking me back to Mexico.[2]

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[1] Interview, August 1, 1958.

[2] Interview, April 10, 1958.

Another man who had just been rejected for tuberculosis, and was about to be taken back to Mexicali, said,

> I have been working ever since 1953 as a "special". . . . I have not been to Mexico for more than a few hours since then. I have just been told that I am rejected because they say I have tuberculosis. If I do, it is because I got sick here. I have been a good worker. I picked cotton, cultivated, and irrigated. I never missed a single day's work. The only time I was ever sick was two months ago, when I had a cold with fever. That was because I was irrigating at night. A nurse in Dr. A_____'s office gave me shots, and I got better. But I never missed any work at all. Why didn't they tell me I had tuberculosis while I was still working here, so I could get cured? We pay for our insurance. This is what our insurance is for! Don't we have any rights? The insurance is supposed to take care of us if we get sick in this country. Now I am being sent back to Mexico and I will have to take care of myself. Why didn't the doctor say I was sick when I first came in, if I was sick? Why didn't Dr. A_____ examine me when I was in his office, and say I was sick with tuberculosis then? He didn't even look at me. He is no good. The nurse did all the work. When I get back to Mexico, the strongest memory of the United States I am going to take with me is the way they gyp braceros here.[1]

A bracero who had nine children, and was being sent back to Mexico, told us,

> I need a contract very badly. I cannot support my family on what I make as a farm worker in Coahuila. I am a good worker, sir. I have had four contracts in the last three years. I have picked cotton; I have harvested sugar beets in Colorado; I have picked peaches near Stockton, California. I would be happy to get a contract for any length of time. I will go anywhere they tell me. But they tell me I am rejected for tuberculosis. They have told me never to come back. I can not understand how they can say these things. I do not understand how I can be sick. I have never been sick a day in my life. I am strong and well. Is there anything you can do to help me? Please help me, sir.[2]

For the most part, prospective braceros who are rejected for medical reasons can do nothing more than plead with the Public Health Service officials, or attempt to bribe them, which is of no avail. Occasionally, a bracero attempts a more sophisticated appeal from an adverse judgment at the reception center. One of our informants, for example, told us,

> In 1956, I was rejected here at El Centro. They claimed I had tuberculosis. I did not believe I really had

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[1] Interview, April 10, 1958.

[2] Interview, April 8, 1958.

tuberculosis, so I went to a doctor in Mexicali, and I asked him about it. He gave me an examination, and said that he would give me a certificate which showed that I did not have tuberculosis. It cost me $10. Here I am, to get a contract. If anybody says anything about rejecting me, I will show them my certificate.[1]

This bracero was rejected. Another man, however, was successful in a somewhat similar effort. In his words,

Two and a half years ago, at my home in Michoacán, I fell off a horse, and landed on a long spike that was sticking through a piece of lumber. It went through my chest and came out my back. Thanks be to God, I recovered. But when I tried to get a contract in February, 1957, the scar on my lung showed on the X-ray. I was nearly rejected for tuberculosis, but I was able to explain to the doctor about my accident. He let me through. He told me that I should have a large X-ray made when I got back home, and that I should ask the doctor in Zinapecuaro to write a letter telling about the accident. I did, and have come through here for contracts two times since then, and have not been bothered.[2]

Evidence of the possibilities of active tuberculosis slipping through the border medical screen may be seen in some of our interviews with braceros themselves. One informant, for example, said,

In 1955, I went to Empalme, and was sent to El Centro. I was rejected for tuberculosis. I went home, and then came back to try again, and that time, I was given a contract. I cured myself by drinking Pulmotol tonic. I worked in Corona for eighteen months, picking oranges and lemons. I was repatriated just three days ago, and now I am back for another contract. Do you think I will make it?[3]

This man was rejected for tuberculosis. On the basis of his past experience, the chances are that he will come back and try again after dosing himself with Pulmotol, a nostrum widely sold in Mexico.

Another bracero reported a more successful technique.

When I came to El Centro two years ago, I was rejected for tuberculosis, So I went to a different bracero center in Mexico. Instead of going to Empalme, I went to Chihuahua. The braceros aren't suppose to go to Chihuahua from my home,

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[1] Interview, April 7, 1958.

[2] Interview, August 26, 1958.

[3] Interview, April 7, 1958.

but I gave them a different address. I was sent to the reception center at El Paso, and did not have any trouble getting my contract.[1]

On the one hand, then we have a system of tuberculosis screening--basically, single readings of minifilms--which is demonstrably fallible. On the other hand, we have many prospective braceros who realize, in some obscure way, that the system is fallible, and are quite prepared to take advantage of it. It is likely that at least 1,500 braceros with active tuberculosis are admitted to the United States each year, and the number may be nearly 2,000.[2]

The following story from the leading Spanish-language newspaper in California is highly colored and exaggerated, but it is useful in that it suggests there is some dissatisfaction among the Spanish-speaking community with the bracero medical screening program.

> Several thousand men with incipient tuberculosis, which even they generally do not recognize, are sent annually to the United States contracted as "Braceros." Later they are not able to work with efficiency in the neighboring country; so they abandon their jobs, and find themselves unable to return to Mexico for lack of money. They live in a pitiful state, are victims of all kinds of discrimination and are finally deported to a border town where they beg public charity and become social liabilities away from their birthplace and their own people.
>
> The preceding was revealed to us by Doctor Carlo Gómez del Campo, who told us that it is due fundamentally to the lack of complete physical examinations which in the long run would, if they were given, be beneficial to both countries. The braceros are contracted without being given . . . a complete chest examination. After being given superficial examinations they are permitted to cross the border.
>
> Dr. Gómez told us that of the 300,000 men contracted each year, approximately 30 out of every 1,000 become ill; that is to say, that nine thousand Mexicans are destined to die in a foreign land or at the border, when they could be saved if all the necessary precautions were taken.[3]

Strictly speaking, it is perhaps not the "mission" of the Public Health Service's Border Quarantine Section to be concerned with what becomes of rejectees after they are taken back across the Mexican border. And yet,

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[1] Interview, July 3, 1958.

[2] Estimates based on the Yerushalmy studies of 1950 and 1956 (op. cit.). On the basis of the former (32.2% "false negatives"), and on the basis of 4,875 rejections in 1958, we might expect 1,570 cases to have slipped through the screen. On the basis of the 1956 study (37.9% "false negatives"), and in view of 5,210 rejections in 1959, we could expect 1,975 cases of tuberculosis to have entered the country that year.

[3] La Opinión, December 10, 1957. (Translated from the Spanish.)

public health is international, particularly in a setting such as the U. S.--Mexico frontier, in which there is a fairly general and constant interchange of persons and microorganisms. To this extent, it is appropriate to comment upon the fact that, in the bracero medical screening program, no attempt is made to diagnose differentially between pulmonary tuberculosis and the several other serious conditions which are virtually indistinguishable from tuberculosis on a photofluorogram.

Active tuberculosis calls for a certain regimen of therapy, and certain epidemiological steps in terms of locating contacts, and so forth. These programmatic responses are almost wholly inappropriate to the chest conditions with which tuberculosis may be and often is confused. These conditions include histoplasmosis, lung cancer, certain types of pneumonia, and others. But for our purposes, the most important is coccidioidomycosis.

This disease is popularly called "San Joaquin," "desert," or "valley" fever, because it is endemic throughout the San Joaquin Valley of California, and the arid portions of Arizona, New Mexico, and Texas adjoining the border of Mexico. In areas of endemicity, virtually the entire resident population eventually is infected. Smith estimates that 60% of all cases are inapparent or unrecognized. The remaining 40% present a variety of symptoms, which most commonly resemble upper respiratory infections. In about 1 per cent of the symptomatic infections, coccidioidomycosis assumes a progressive or disseminated form which is fatal in 50-60% of these cases.[1]

For the following reasons, coccidioidomycosis might well be given particular attention in the bracero screening program:

(a) As Smith points out, "Valley fever," particularly in its intermediate or progressive forms, may easily be confused with tuberculosis.

> Coccidioidomycosis, tuberculosis, other pulmonary infections, pulmonary neoplasm, and other intrathoracic disease processes all may present roentgenographic findings which are comparable in appearance . . . some form of laboratory confirmation is necessary to establish the diagnosis.[2]

(b) Infection of adults moving from non-endemic into endemic areas is extremely high. "Infection rates of 250 to more than 500 per thousand per annum were noted at some (armed forces) installations during World War II. . . ."[3]

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[1] C. E. Smith, "Coccidioidomycosis," The Pediatric Clinics of North America, 2:113 (February, 1955).

[2] C. E. Smith, "Coccidioidomycosis," Air Force Pamphlet 160-5-4, July 25, 1958, p. 6.

[3] Ibid., p. 2.

Most braceros are drawn from areas of Mexico well below the border, where the fungus Coccidioides immitis is not found. Many are assigned to work in areas, such as the San Joaquin Valley, where the fungus is commonplace. It is certainly to be expected that infection rates among the bracero population would be at least as high as those of armed forces personnel, by reason of absence of immunity. For other reasons, discussed below, it is to be expected the rates among braceros would be even higher than among an average group of U. S. citizens without previous exposure.

(c) The severe forms of the disease are much more common among males than females. Three times as many deaths from coccidioidomycosis are reported among males as among females.[1] Braceros, of course, are an all-male population.

(d) Mexicans, Filipinos, and Negroes are much more prone to disseminated coccidioidomycosis than are Caucasians. "For some unexplained reason, progressive and serious disease is from ten to twenty times as common in dark-skinned people."[2] Smith reports a case fatality ratio of less than 0.1 per cent among a carefully studied series of white male patients, but a case fatality ratio of 1.7 per cent in a series of Negro male patients.[3]

We might anticipate, then, that braceros contracted to work in areas of C. immitis endemicity would not only manifest a high incidence of infection, but a high incidence of serious, and in some cases even fatal, infection.

(e) Maximum incidence of infection occurs in the summer and fall.[4] These are the seasons in which the largest numbers of braceros are employed in endemic areas.

(f) C. immitis spores are most commonly transmitted to man by dust particles. Dust control measures at Minter Field during World War II reduced annual infection rates by two-thirds.[5] Braceros, being engaged in agricultural employment, are naturally exposed to more dust than the average resident of these areas. What is more, braceros tend to be concentrated in types of agricultural work--e.g., asparagas cutting, potato and onion harvesting, sugar beet thinning--in which exposure to dust is particularly intense and prolonged.

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[1] C. E. Smith, D. Pappagianis, and M. Saito, "The Public Health Significance of Coccidioidomycosis," Proceedings of Symposium on Coccidioidomycosis, Phoenix, Arizona, February 11-13, 1957. (Published by U. S. Public Health Service), p. 3.

[2] O. J. Farness, "Symptoms and Treatment," Arizona Public Health News, March-April, 1959, p. 17.

[3] C. E. Smith (1958), op. cit., p. 2.

[4] C. E. Smith (1955), op. cit., p. 112.

[5] C. E. Smith, D. Pappagianis, and M. Saito, op. cit., p. 7.

All things considered, then, the bracero program amounts almost to a laboratory situation in which all elements combine to produce a high incidence of coccidioidomycosis in its most exacerbated forms. And, yet, as we have said, no attempt is made in the bracero screening program to differentiate this disease from tuberculosis, with which it has little in common save a similarity in appearance on an X-ray film.[1]

3. Venereal Disease

Next to tuberculosis, syphilis receives the most attention in the border screening of prospective braceros. In the venereal disease screening program, however, emphasis is placed on the cure of those affected rather than on their rejection. Relatively few candidates--those with unusually far advanced cases--are rejected for venereal disease.

Table 4

Mexican Nationals Rejected for Venereal Disease,
All Reception Centers, 1952-1959

Year	Total Examinations	Total Medical Rejections	Rejections for Venereal Disease		
			Number	Per cent of Total Exams	Per cent of Total Rejections
1952	N.A.	879	.75	N.A.	8.5
1953	193,468	3,862	523	0.3	13.5
1954	231,904	3,593	188	0.1	5.2
1955	361,081	5,769	271	0.1	4.7
1956	465,052	5,757	16	a	0.3
1957	489,357	5,578	98	a	1.8
1958	458,660	4,875	12	a	0.2
1959	489,232	5,210	6	a	0.1

N.A.: Not available
a.: Less than 0.1

SOURCE: U. S. Public Health Service, Division of Foreign Quarantine, unpublished data.

Rejection data, however, are not reliable indicators of the extent of venereal disease among the incoming bracero group. In 1952, the first full year of the operation of Public Law 78, blood samples were taken at the border from 11,868 braceros, of which 1,527 or 12.8% were positive. This serological testing program was soon discontinued.

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[1] As of November, 1960, the Public Health Service is reported to be working toward the development of a rapid serological test for coccidioidomycosis.

Between 1952 and 1956, the Public Health Service conducted only 187 blood tests among braceros. For all practical purposes, screening for venereal disease consisted solely of inspection for gross symptoms.

In the autumn of 1956, the Public Health Service instituted an experimental program of serological testing at two reception centers, El Centro, and El Paso. Between August 16 and October 12, nearly 118,000 braceros were tested, with nearly 9,000 testing reactive (positive).

Table 5

Results of Bracero Serological Testing Program, 1956

	Number of Men Tested	Number Reactive	Per cent Reactive
El Paso Center	52,985	3,155	6.0
El Centro Center	64,791	5,491	8.5
TOTAL	117,776	8,646	7.3

SOURCE: William Brown, M.D., "Bracero Blood Testing and International Contact Investigation," Paper presented at the 15th Annual Meeting, United States-Mexico Border Public Health Association, San Antonio, Texas April 10, 1957.

The tests employed in 1956 required from 24 to 48 hours for final determinations. What is more, none of the reception centers had the necessary laboratory facilities to conduct the tests, so all blood specimens had to be flown to commercial laboratories in large cities, which consumed additional time. It was considered unfeasible to try to hold braceros in the reception centers until the results of their serological tests were available. The U. S. Public Health Service therefore had to attempt to create a system for locating the braceros with positive serologies and bringing them to therapy. It was a difficult task, involving, ultimately, State and local health departments, insurance companies, private physicians, and others. In 1956, 1,253 braceros who were admitted to California with positive serologies were never located or treated. This was 23.0% of the total number of men tested. The proportion of positive reactors not brought to treatment in Texas was even higher.

Table 6

Bracero Serological Testing Program,
Disposition of Suspects by State of Employment, 1956

State	Positive Reactors		Reactors Located and Treated		Reactors not Located and/or not Treated	
	Number	Per cent	Number	Per cent	Number	Per cent
Arizona	38	100.0	10	29.7	28	70.3
California	5,468	100.0	4,215	77.0	1,253	23.0
Colorado	30	100.0	30	100.0	0	0.0
Kansas	6	100.0	6	100.0	0	0.0
New Mexico	899	100.0	780	86.8	96	13.2
Texas	2,325	100.0	1,747	75.1	578	24.9
TOTAL	8,766	100.0	6,788	77.7	1,955	22.3

SOURCE: Johannes Stuart, M.D., "Bracero Blood Testing and International Contact Investigation," Paper presented at the 15th Annual Meeting United States-Mexico Border Public Health Association, San Antonio, Texas, April 10, 1957.

This cumbersome, expensive and unsatisfactory procedure became outmoded in 1957, with two almost simultaneous developments: (1) a plasma reagent test which could be completed in approximately ten minutes, and which required little laboratory space or equipment; and (2) a one stage course of penicillin therapy in place of the former series of three or more injections.

On April 16, 1957, the Public Health Service began a new pilot project, in which every man passing through the El Centro Reception Center was given the rapid blood test at the beginning of his processing. By the time the chest X-rays had been taken, and the remainder of the physical examination completed, the serological results were available. With certain exceptions which we shall consider in a moment, all men with positive findings were recalled to the Venereal Disease Section, and given an injection of 2,400,000 units of long-lasting penicillin.

Under this program, approximately 8.0% of the candidates were found to be positive reactors, a somewhat smaller percentage than other tests had yielded at this reception center previously. Apparently the new test is less likely than the Wasserman to register "false positives" for malaria and other conditions.

Following a six month trial, the results of the new techniques were evaluated by the Public Health Service. It was considered so successful

that beginning July 1, 1958, it was instituted as routine procedure at all reception centers. Its administration passed from the Communicable Disease Control Section of the Public Health Service to the Division of Foreign Quarantine, which now administers all phases of the health screening of braceros.

A number of men with positive blood tests do not receive therapy at the border. Indeed, a number of candidates are excused from having blood samples drawn at all. It is the policy of the Venereal Disease Branch of Communicable Disease Control, USPHS, to give those men who have received injections a wallet-size card which certifies that they received 2.4 million units of penicillin on a given date. This card reads, in part, "Get a blood test every year." This has been interpreted by the administrators of the bracero screening program to mean that a card-holder need not have a blood test more often than once a year. Therefore, in the words of a Public Health Service technician,

> When they line up for their blood tests, we ask if there is anyone who has a pink card with a date within the last twelve months. If there are, we pass them on through, without taking their blood. Sometimes they don't catch what we are trying to say, and they have their blood taken even though they have a pink card. When they get into the room here and find out they are about to get a shot, they remember about their card, and if they show it to us in time they don't get a shot, even if their blood is positive. Don't ask me why. This is our orders.[1]

One bracero told us, on May 12, 1958,

> I have a pink card from a shot that they gave me on May 1, 1957. When I went through the line a few minutes ago, I showed them the card. They did not even look at the date. They just let me through.[2]

Another bracero confided,

> I got treated for venereal disease when I was here last May. They gave me a little card. I picked tomatoes near Watsonville, then in six weeks I went back home. Now I have venereal disease again. I got it while I was home in Municipio Purandero. But I showed them my little card from last year, and they did not take any blood from my arm this year. I want to get cured, but I was afraid to let them know I had venereal disease. I was afraid they might hold up my contract. I plan to get treated as soon as they send me up to where I will be working. I have already got my contract with the _____ _____ Association.[3]

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1 Interview, September 3, 1958.

2 Interview, May 12, 1958.

3 Interview, April 18, 1958.

4. Other Screening

Aside from the screening for tuberculosis and syphillis, the medical examination which prospective braceros receive at the border tends to be unsystematic and sketchy. The examinations are even more hurried than those at the migratory stations, and in contrast with those in the Mexican interior, they are given by nonmedical personnel. At El Centro, a male nurse supervises these examinations, and gives many of them himself, but during active periods at the reception center, he customarily assigns this task to one of the "technicians" who assists him. These are usually boys with a high school education, who receive a brief orientation in recognizing skin rashes and other gross symptoms. They are instructed to summon the male nurse or medical officer in questionable cases, but it is seriously to be doubted that high school students are equipped to recognize "questionable cases" of glaucoma, mental disturbance, or hernia, for example, when they see them.

In the following table are classified all the medical rejections at all five border reception centers during fiscal year 1959, other than tuberculosis and venereal disease which we have already discussed.

Table 7

Mexican Nationals Rejected for Medical Reasons (Except Tuberculosis and Venereal Disease), All Reception Centers, 1959

Diseases and Defects	Rejections	
	Number	Per cent
Respiratory	480	59.4
Circulatory	129	16.0
Congenital malformations (including hernias)	97	12.0
Skin and cellular system	21	2.6
Neoplasms	20	2.5
Mental conditions	8	1.0
Infectious and parasitic	7	0.9
Musculoskeletal	6	0.7
Genito-urinary	6	0.7
Nervous system	5	0.6
Other and ill-defined	28	3.5
TOTAL	807	100.0

SOURCE: U. S. Public Health Service, Division of Foreign Quarantine, unpublished data. (Adapted and arranged.)

In 489,232 examinations, not a single bracero was rejected for allergic, endocrinal, metabolic, or nutritional disease. Not a single bracero was rejected for being overage or underage. Only three were rejected for eye diseases, although trachoma is known to be endemic in large areas of Mexico.[1]

The medical screens through which braceros pass at migratory stations and reception centers, are, in a word, constructed of quite wide mesh. The nature of the bracero program, at least as it is presently organized, does not permit anything more. It does not permit urinalysis, for example. The former medical director of a company underwriting bracero health insurance in California told us,

> In 1955, we had three braceros die of Bright's disease in California. One in Salinas; one in El Centro; and one in San Diego County. The death certificates said, "chronic nephrosclerosis, terminating in uremia." Every one of these cases, and the ones like them that did not end in death, could have been detected if they did a complete urinalysis on each man coming in.[2]

Similarly, the nature of the bracero system does not permit diagnosis of enteric conditions through rectal swab cultures. At a meeting of the Community Service Organization in 1957, one of the speakers said,

> You and I know that intestinal disorders are practically universal in Mexico. Maybe the people who live there have gotten used to them over the years, but if you've ever been a tourist down there, you know that Americans aren't used to them. The interesting thing is that the braceros come up here, without any kind of examination for these disorders, and work in the fruits and vegetables which we often eat raw. Lettuce, tomatoes, celery and so forth. Maybe it doesn't bother you, but it bothers me. . . .[3]

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[1] In a study of 1,605 incoming braceros in 1958, an ophthalmologist found 14 cases of active trachoma. (C. R. Dawson, "Trachoma in Mexican Agricultural Workers [Braceros] Entering the United Sates," Paper presented at the United States-Mexico Border Public Health Association Meeting, El Paso, Texas, 1959. Although trachoma is highly infectious and often leads to serious consequences, the Public Health Service apparently does not feel that this level of prevalence among incoming braceros warrants routine screening for trachoma.

[2] Interview, June 11, 1957.

[3] Community Service Organization, Executive Board meeting, Los Angeles, July 20, 1957. So far as is known, however, no outbreaks of intestinal disorders in the U. S. have yet resulted from this set of circumstances.

One of the doctors employed by the company which underwrites most braceros' health insurance in California took it upon himself to examine a contingent of workers who had just arrived from El Centro. In the group of 69 "healthy" men, he found 21 conditions needing medical attention, including 4 cases of heart disease, 5 potential hernias, 2 positive serologies, and 5 cases of chronic tonsillitis.[1]

The manager of a Southern California bracero-users' association said,

> The one thing that is most wrong with the health provisions of the bracero program is the screening that takes place at the border. The screening only picks up the obvious physical defects and diseases. The centers are badly understaffed and the facilities are hopelessly inadequate to handle 3,000 men a day--which is what they get at El Centro during rush seasons. . . . The result is that we have a very large number coming in with tonsillitis, for example. Our doctor tells me that a large proportion of these men should have their tonsils out before they even come into the country, because the condition is highly infectious.
>
> Our doctor tells me that we get a lot of heart cases, too, and this causes us a lot of worry. Working in the citrus, the Nationals often have to work with ladders as much as 25 feet high. If they had an attack while they were up there, and they fell--well, you can see the trouble we would be in.
>
> I'll tell you what we proposed to do about this. We proposed to send our own doctor down to El Centro to give a special screening to the men bound for our camp. We were willing to make it worth his while, and he was willing. We figured we'd get a crew that was so much above the average that we would come out ahead in the long run. So we proposed this to the authorities, in all seriousness. In fact, I began proposing it to the authorities, when I was still connected with the program up in Oregon. But I ran into any number of problems. For example, there is the problem of timing. Let's say we wanted to go down to recruit 150 men. It would take our doctor two days to do physicals--really thorough physicals--on those men. Well, the reception center simply isn't geared to hold men for that length of time. It would throw the whole process out of whack. So we have never gotten very far with our proposals. I will say this, though. Each year that goes by, the U. S. Public Health Service does a little better screening job than they did the year before. I guess we all learn from experience.[2]

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[1] The results of this study, including the names and contract numbers of the braceros involved, are unpublished, but may be found in the files of the Pan-American Underwriters Company.

[2] Interview, August 10, 1957.

An insurance company executive advanced a somewhat similar idea,

> We worked out a detailed plan to improve the screening of braceros at the El Centro Reception Center. We drew up a list of the sorts of things we thought the physical exams ought to include, such as blood pressure, prostate examination, listening to the heart, eye examination, taking of temperatures, stool and urine examinations. Then we made an estimate of the number of professional people who would be needed to carry out such improvements. It would involve at least doubling their present staff. Now, here was our proposition: that we pay one-third of the extra expense, the Public Health Service pay one-third, and the State Health Department pay the other third. The State of California has as much to gain from this as anybody else. But we never got to first base. The reasons they gave us had something to do with "divided lines of authority," and "the mixing of government and private enterprise."[1]

5. Medical Care at Reception Centers

Aside from venereal disease treatment which is given routinely, the Public Health Service is obligated only to provide medical care for those foreign contract workers who become sick or injured between the migratory stations and reception centers. It is often impossible to determine whether an upper respiratory infection, for example, began before or after a man left the migratory station. In most cases, apparently, the prospective bracero is given the benefit of the doubt. Table 8 indicates that in a single month in 1957, approximately 21,000 medical services were rendered at the five reception centers.

Table 8

Outpatient Care of Mexican Nationals,
All Reception Centers, September, 1957

	Total		Type of Visit					
			To Nurse		To PHS Physician		To Contract Physician	
	1st Visit	Re-visit	1st Visit	Re-visit	1st Visit	Re-visit	1st Visit	Re-visit
Illness	7,135	14,297	4,240	8,373	2,889	5,919	8	5
Injury	48	19	34	13	14	6	0	0
TOTAL	7,183	14,316	4,274	8,386	2,903	5,925	8	5

SOURCE: U. S. Public Health Service, Division of Foreign Quarantine, unpublished data.

[1] Interview, June 19, 1957.

In addition to these outpatient services, during the same month the Public Health Service authorized hospitalization for 50 Mexican Nationals with conditions such as: influenza, pneumonia and bacillary dysentery.

Many braceros are troubled by what appears to be inconsistency on the part of the Public Health Service in rendering medical services. For example, it will be noted in the above list that a number of incoming braceros with pneumonia receive treatment at the border. Upon their recovery, they are contracted. Other braceros are rejected for pneumonia. One man interviewed at the border, told us,

> I waited at Empalme over a month. I, and many of the other men, became weak from not eating while we waited. I had to sleep on the ground. Because of sleeping on the ground, I became sick. I have just been rejected for this sickness. They tell me I have pneumonia. This does not seem fair to me.[1]

Another informant, who wept during the interview at the El Centro Reception Center said,

> I have been told I cannot get a contract because I have pneumonia. I do not know what I can do now. I spent what little money I had at Empalme, and now I do not have enough money to reach my home. I begged them to pass me, but they said there was nothing that could be done.[2]

Braceros are similarly puzzled by another Public Health Service policy which denies medical care to those who are being processed on their way out of the country at the termination of their contracts. In the words of one Public Health Service worker,

> If somebody comes in here in acute distress, or if someone is injured on the premises of the reception center, we will take care of him. But it is our policy not to care for the men returning to Mexico, aside from that. They should get treated before they leave their place of employment. All we can do is send these men over to the Mexican consul. The consul has the authority to send him back to his place of employment if he sees fit. Otherwise, he will be repatriated. We have nothing to do with it.[3]

While there are cogent reasons for these policies,[4] the reasons are not explained to the braceros--many of whom have returned to the reception

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[1] Interview, April 8, 1958.

[2] Interview, July 9, 1958. Men rejected for pneumonia, however, are usually told that they may try again for a contract upon their recovery.

[3] Interview, June 15, 1958.

[4] Technically, braceros are covered by health insurance for which they themselves pay, during the repatriation period.

centers precisely because they were unable to obtain medical care at their places of employment. For example, one bracero told us,

> I have been working for the _____, for thirteen months--part of the time in Salinas and part of the time in Arizona. Once I cut my hand while working and got bad treatment. They just give the same pills for everything. But now I have another sickness. They said it kept me from doing satisfactory work. But they didn't give me any treatment at all, because they said it started before I came here. How can that be, when I was here thirteen months before I ever noticed it? They refused to give me any medical treatment at all, and sent me back here to the reception center. Now I am told that I have jaundice. I asked them to give me treatment here, but they refused. They just told me to go see the Consul. I believe he will do nothing for me. Can you help?[1]

6. Public Health Programmatic Possibilities

Within any large scale multiphasic screening program lie the potentialities for important programs of primary and secondary prevention, and location and notification of contacts. Let us see how these possibilities for case-finding and prevention are realized under the bracero program.

On July 1, 1956, a Joint Operating Instruction was added to the International Agreement, reading as follows:

> In any case in which a Mexican worker is rejected at a reception center because of mental or physical ailments, the U. S. Public Health Service doctor at the center will furnish to the worker and to the Mexican Consul at the reception center a written diagnosis of the case in order that the said Mexican Consul may transmit it to the appropriate Mexican authority.

It will be observed that this provision does not apply to the initial screenings, at Mexican Migratory Stations, at which somewhat more rejections take place than at the border reception centers.

It must be noted, furthermore, that the provisions of Joint Operating Instruction No. 3 do not always achieve their praiseworthy purposes. Presumably the rejected men are informed of their "mental or physical ailments" in order that they may seek appropriate therapy. This would, in many cases, constitute a form of secondary prevention: i.e., the arrest of a condition before it had run its full course. In practice, however, almost nothing of this sort takes place. Even assuming all rejectees were given a written diagnosis, which our observations indicate is not the case, at least two important considerations would weigh against the realization of secondary prevention: (1) few braceros have had the background to enable them to understand a written diagnosis, or, in many cases, even to

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[1] Interview, May 29, 1958.

read it; (2) even fewer braceros are in a financial position to seek the course of therapy which a diagnosis may imply.

A newspaperman who had observed the operation of the bracero program at close range said,

> If you want my opinion as to what becomes of the men who are rejected, they simply accumulate in the cities across the border from the reception centers. This is one of the reasons these places, like Mexicali and Juarez, have doubled or trebled in population since the bracero program started, and one of the reasons why you will see so many sick people hobbling around there, and begging in the streets. The ones who are physically able to do so may try to "jump the fence," and work in the United States as wets. Some of them, I suppose, eventually find their way back to the homes in the interior. The rest of them just rot.[1]

A physician whom we interviewed said,

> One of the biggest scandals in the whole bracero program is the way the rejection of the men is handled. They are simply dumped across the border, without even two bits for a meal. What do they do? Hell, what can they do? They scrounge in the garbage cans of Mexicali. Go down any alley of the town and you'll see them. There are thousands of them. And Mexicali is a poor town. The garbage cans aren't very full to start with. By the time the braceros get through, they are the cleanest garbage cans in the world.[2]

The Health Officer of Baja California has publicly stated,

> Awakened by the enthusiasm for working in the United States, for reasons which we do not need to mention, waves of workers . . . came to the Border States (of Mexico) . . . anxious to cross the Border to locate themselves on farms and ranches.
>
> In 1952 and 1954, the city of Hermosillo almost foundered because of faults in the organization and recruitment of the workers, and led to a tremendous number of prospective workers gathering in pitiful conditions and congesting the City. Something similar happened in Mexicali in 1955, and probably in Monterrey and Chihuahua and some other cities along the Border. We must give credit to the civic and patriotic spirit of the communities

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[1] Interview, December 10, 1956.

[2] Interview, June 26, 1958. This physician's version is exaggerated. Rejected braceros are given scrip which is good for passage back to the Migratory Station, but many sell this scrip, and remain at the border.

affected . . . in diminishing the suffering of the great human mass of Mexican Agricultural Workers that had a painful via crucis (way of the cross) to obtain its contract.

In the year 1955, 44,411 workers were rejected, which . . . gives . . . a rejection rate of 10%. Here is one of the most serious problems in the migration of workers. More than 50% of those rejections were for health conditions. Let us say that they are sick people that cannot be used in the agricultural fields, and who are sent back to the Mexican ports of exit in such conditions that they automatically become a burden on the city elected for repatriation.[1]

In addition to requiring that rejectees themselves be notified, Joint Operating Instruction No. 3 requires that the nearest Mexican Consul be provided a list of all men rejected for medical reasons, and the diagnosis in each instance. In many cases, it seems certain that nothing further is done with this information. An employee of the El Centro Reception Center said,

When you reject a bracero for tuberculosis, you might just as well pronounce his death sentence. Even if the information gets back to the Mexican public health people, there is absolutely nothing they will do about it. The rejected bracero will have no way to make a living, much less to buy the medicines and nursing he needs. If you ask me, the U. S. government should take care of these rejects. In the first place, it would be a very good thing for relations between the United States and Mexico. It would make the Mexican people feel a lot kinder toward us. In case of a war, we are going to need their friendship. In the second place, we'll need a lot more farm workers. We'll need healthy men. When we reject these men, they're going right back to their families and infect all of them.[2]

Only in the case of venereal disease has a concerted effort been made to capitalize upon the public health programmatic potentialities within the bracero screening system. In the first years of the program, these efforts were not notably successful. Martinez writes,

. . . In the early bracero programs . . . it was left to the State Department of Public Health to check the men for venereal disease. Teams of doctors and nurses would go into the camps and if they found that any of the braceros reacted positively to the tests they would be treated periodically. The Public Health teams treated the men for about eight months if they were still in the camps, but the majority of the men did not get the

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[1] Alonzo, op. cit.

[2] Interview, May 9, 1958.

complete treatment. . . . During the course of the war the Department of Public Health began making spot checks of the braceros as they crossed the border. Since rapid tests and rapid cures had not been developed, the men found with venereal disease were sent on with the hope that they would be cured when they reached their destination. The next step in the long process was to send a list of all positive cases to the contract doctors taking care of the bracero camps so that they could treat them. Also, copies of the list were sent to the Public Health officer near the destination of the men.[1]

A physician who cared for the men in two bracero-users' associations at that time, has said,

> I would estimate that 12 or 13 per cent of the Nationals who came into this area had venereal disease. I was not able to give them physical examinations, so I was able to treat the men infected with venereal disease only when they came to me and asked for treatment, or when I got a list from the Public Health authorities. As a rule, the lists did not reach me until the men had either gone back to Mexico, or had been transferred to another camp.[2]

However, since the development of the rapid plasma reagent test for syphilis, the procedure has been notably improved. A Public Health Service employee described the manner in which the procedure operates at the El Centro Reception Center:

> We run our blood tests in batches of about one hundred. Each group of one hundred men is held at the end of the barracks until we know the results of the blood tests. Then we pick out those with positive blood, and bring them back here to the Venereal Disease Section, while the rest go on with their processing. We get the positives here in this room. Say there are ten or twelve men. We begin by reading them a little speech that tells them what they have. When we get through reading it, we sometimes ask them questions, to see if they understand it. We ask them, "Do you know what is the matter with you?" Ninety-nine per cent of the time, they say, "No." Then we say, "You have a disease you get when you contact women." The men usually say, "But señor, I can't have it because the only woman I have contact with is my wife." But they're usually lying, and everybody knows it. So then the technician says, "We're going to treat you for this disease. We'll give you a shot. Then you'll get a little pink card. The next time you come by here you show us the card and you won't have to have another blood test or another shot."

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[1] Daniel Martinez, The Bracero Programs. (Unpublished Masters' thesis), Claremont Graduate School, Claremont, California, 1958, pp. 63-64.

[2] Interview, August 18, 1957.

> Then the men are taken in, one by one, into a little room, and an interviewer tries to find out from each one of them all the women they have had contacts with in the last three months, and where. If they don't remember the woman's name, we get a description, and if they don't remember the address, we get landmarks like the nearest store, and things like that. If they name a contact here in the Imperial Valley or across the border in the Mexicali area, the head technician goes out and tries to locate the contact. He tries to treat them, and find out how many other men she has had relations with, and treat them. It may even be her husband that we have to treat, like the case of a waitress in Holtville who had had contact with a bracero right across the street from the cafe where she worked.
>
> In the cases where the contacts are in Empalme or some place in the interior of Mexico, the information is sent to the Jefe de los Servicios Coordinados de Salubridad y Asistencia or the capitol of whatever the State is.[1]

In 1956, the Public Health Service undertook a special project using Pan-American Sanitary Bureau forms, by which State Health Departments in Mexico were notified of all marital contacts of seropositive braceros. In all, 7,004 suspect reports were mailed to Mexico, which included the name and address of the marital contact (taken from braceros' contracts), and the following message: "The person mentioned in this form is a family contact of a Mexican agricultural worker with a positive blood test, who is at present in the U. S. Please notify the results obtained from the investigation as indicated below."[2]

At the end of six months, 474 dispositions had been returned, of which 58 indicated that family contacts had been found to be infected and placed under treatment. That is, 6.8% of the forms sent to Mexico had been returned, and 0.8% of the family contacts named had been brought to treatment. The cost to the Public Health Service of each case brought to treatment in this way was $21.69. No figures are available on the cost to Mexican health departments. In the words of a Public Health Service official,

> The results of our reporting to Mexico . . . were not as successful as we had hoped in terms of the number of dispositions reported back to us. . . . We realize, of course, that the wife's address as given by some braceros was incorrect or insufficient to locate her. . . . And we surmise also that some of these workers and their wives live in areas not served by health departments.[3]

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[1] Interview, May 10, 1958.

[2] Translated from the Spanish.

[3] Johannes Stuart, op. cit.

As suggested by this official's statement, one of the significant obstacles to any public health program based on records from the bracero program is the inaccuracies in these records. In some cases, this is due to typographical errors which might easily be avoided if clerks in the processing lines were more careful. A number of braceros told us stories such as the following:

> The information on my contract is all wrong. They say that my mother is my beneficiary, when it should be my wife. They have the address wrong, also. When I mentioned this to the girl who did the typing, she just told me to keep going and not to bother.[1]

It is perhaps equally common for braceros to give incorrect information in the first place. They may do this through any of several techniques and for any of several reasons--all of which are actually variations on their basic, desperate desire to get a contract. The following statements by braceros suggest the range of forms which these techniques may assume:

> At Empalme, many permisos are stolen from braceros while they are asleep. Then they are altered with false pictures, and other men get through, using somebody else's name and address. I even had a friend who had his papers stolen while he was riding on the freight train from Empalme to the border.[2]

* * * *

> Last year, when I came up here, it was February, and it was very difficult to get through at Empalme, because there were very few jobs. I finally paid a man on the list to let me use his name. I got a contract with the Ventura County Citrus Growers Committee. It was not a good contract--I made less than $200--but at least they let me stay here six months. So when I came through again this year, I decided I would use the other man's name again. It just happens that the other man is here at the reception center right now, and I have been caught. I do not know what the Immigration Service will do to me.[3]

* * * *

> My friend and I have just finished a contract picking lemons in Carpinteria. When we got contracted last January, he used a false name and somebody else's papers. Now that we are being repatriated, he thought it would be good to tell the truth. Now he is being held by the Immigration Service. Can you do anything for him? We want

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[1] Interview, July 30, 1958.

[2] Interview, June 2, 1958.

[3] Interview, June 13, 1958.

to go home together. If he had known what would happen, he never would have said anything.[1]

An employee of the Immigration and Naturalization Service told us,

> I find many men with false papers, particularly at this time of the year. The Imperial Valley and Yuma Valley associations preselect their men down at Empalme. When a lot of men learn they are going to one of those places, they sell their temporary passports. Maybe it is because it is so hot here in the summer, or maybe it is because the wages are low. I don't know. Anyway, I catch an awful lot of them. It is very easy. You take their papers away from them, and ask them their name, their address, and things like that, very fast. If they can't give you the same information that is on their papers, you know they're trying to get away with something. Another test I sometimes use is to ask them if they have ever worked in the United States before. If they say "yes," I ask them where. If they say some place like the Coachella Valley, I say, "Was it hot?" They usually say, "Yes." Then I ask them, "Did you get diarrhea?" If they say "Yes," I figure they're telling the truth, and let them on through. The ones who lie to me, I give them one more chance. I ask them to tell me the truth--what their real name is, and where they really come from. If they admit they bought their papers from somebody else, I scold them, then I let them on through. But if they keep on trying to pretend, they've had it. Out they go.[2]

7. Opinions of Braceros Concerning Medical Screening

Even if we rule out the relevance of humanitarian considerations, there are reasons why we should be concerned with the manner in which braceros view the screening process. It surely facilitates the conduct of any massive screening program if the individuals being screened know what is expected of them, and are sympathetic to the purposes of the program rather than at pains to "beat" the system. And, again strictly from the standpoint of health concern, it seems important to note that the screening at the reception centers represents the first contact many braceros have ever had with Western or "scientific" medicine. The impressions which are formed at this time can scarcely fail to influence the individual's later decisions as to whether to seek "scientific" medical care in preference to patent medicines, some type of home remedy, or a folk healer.

In the course of our field investigations, we discussed with a number of braceros their conceptions of the purpose of the physical examinations at the border. Virtually all spoke in terms similar to the following:

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[1] Interview, May 28, 1958.

[2] Interview, August 5, 1958.

I consider the medical examinations a good thing, because then we know without doubt that we are in good health before we come to work in the United States.[1]

None of our informants seemed aware that the primary purpose of the screening was to protect the people of the United States. Braceros apparently regard their medical examination as something directed at them personally, and, as such, they approve it in principle. On a number of specific points, however, they often find the process objectionable.

A public health doctor who had made a careful study of the bracero program said,

Mexicans have quite different ideas about propriety than we do. You may see women suckling their children in public, but it is extremely offensive to the Mexican sense of modesty to disrobe in front of another, even a person of the same sex. They are almost prudish in this respect. So when you have physical exams along GI lines, with hundreds of men all stripped naked and standing in line, you have a situation that is completely alien to many of those men. They will put up with it, for the sake of a contract, but they won't like it.[2]

A young bracero from Ixtlan, Nayarit, made an unsolicited statement which lends credence to this public health physician's generalization.

I had to wait 23 days at Empalme before I finally got a contract. I did not find any pleasure in any of my experiences there. But the thing I have disliked most about the bracero program so far is having to strip for the medical examinations.[3]

We found that many braceros also have pronounced feelings about the drawing of blood samples from their arms. As one of our informants put it,

Taking blood from a person weakens him. Blood is what makes you strong. I have felt sick ever since they took blood from my arm at the reception center.[4]

Another bracero stated,

It was cold down at Empalme. From standing around so long, waiting in line, I got sick. When I got up here, they took blood from me. What are they trying to do, kill me? I need all the blood I have![5]

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1 Interview, August 14, 1957.

2 Interview, December 8, 1956.

3 Interview, May 26, 1958.

4 Interview, October 11, 1958.

5 Interview, April 22, 1958.

Still another informant said,

> I waited at Empalme five weeks, and had to pay 550 pesos for mordidas. But the thing I hate most about the processing is when they take the blood from your arm.[1]

If these men were informed of the reasons for the serological examination, their dissatisfaction might be allayed. But few braceros were aware of the connection between the taking of their blood and the diagnosis and possible treatment of disease. Many informants were under the impression the blood test was a type of graft. As one bracero said,

> I know that the blood they take from us is put all together and sold to hospitals to give to other people. Many have told me this.[2]

In the course of our study, we asked 170 braceros, "Suppose a nurse wanted to take some blood from your arm, without telling you the reason. How would you feel about this?" This is an operational description of what actually occurs in the reception centers. No explanation is given the prospective braceros of the purpose for which the blood sample is being drawn. Replies to our question were as follows:

Table 9

Responses of 170 Braceros Concerning Personal Blood Test

Responses	Number	Per cent
Strongly approve	3	1.8
Tend to approve	9	5.2
Uncertain	4	2.4
Tend to disapprove	9	5.2
Strongly disapprove	146	85.9
TOTAL	170	100.0

NOTE: The number of cases in this table is different from the number in Table 1, and the several other tables in this report which derive from our interviews in the field. The disparity results from the fact certain questions were added to or subtracted from our schedule as we proceeded. What was originally intended as a pre-test had to serve as our final survey, owing to the premature termination of the data-gathering phase of the project.

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1 Interview, June 12, 1958.

2 Interview, April 23, 1958.

We found, however, that when the subject of diagnostic blood tests was approached in somewhat different terms, quite different responses were obtained. We asked another subsample of informants the question in this form: "Suppose you had a little boy and a doctor wanted to take some blood from his arm to see if he had a disease. How would you feel about this?" This question differs from the previous question in three ways: the purpose of the procedure is indicated; the test is to be conducted by a physician; and the test is to be conducted on a child rather than the informant himself. Replies were as follows:

Table 10

Responses of 136 Braceros Concerning Blood Test for Child

Responses	Number	Per cent
Strongly agree	86	63.2
Tend to agree	17	12.5
Uncertain	1	0.7
Tend to disagree	4	2.9
Strongly disagree	28	20.6
TOTAL	136	100.0

The results in Table 10 suggest that there is a pronounced pragmatic strain in many braceros. They may be disinclined to accept a given practice which is presented to them as a fait accompli, but may revise their opinions relatively quickly when a modicum of explanation is provided.

Another aspect of the medical processing which many braceros find disquieting is the massive injection of penicillin which is given positive reactors who do not have a "pink card." The after effects of the particular form of penicillin employed are quite painful. One informant, for example, said,

> I got a shot at the reception center because they said I had a disease. The doctor was very harsh. He must think we are horses. For a whole week after I got here to camp, my left leg was numb and I could hardly walk. We were picking cotton, but I could only make forty or fifty pounds a day. I couldn't even bend over. I went to the association doctor about it, but I never got to see him. In fact, I went twice. Both times, I only got to see a nurse. She gave me some pills. Finally, I got better.[1]

Another bracero said,

> I was given a shot of penicillin here for syphilis yesterday. I started vomiting, and my back started

[1] Interview, October 11, 1958.

hurting very much. They kept me here overnight because they said my blood pressure was very low. I do not know how much longer I will be sick from the penicillin.[1]

A bracero from the State of Jalisco said,

> For several weeks, I have had a pain in my side. Just before I came up here, I went to a doctor in Mexico and he said it was from having too much penicillin shots. Now, I am told that I am a "blood positive" and I have been given another penicillin shot here. Do you think I should have had it? I was afraid to tell them what the doctor in Mexico said, because I didn't want to get into trouble.[2]

In some cases, the personnel of the Venereal Disease Section apparently take into consideration the problem of penicillin sensitivity. One Public Health Service employee said,

> A National named Vasquez just came through. He had a positive blood test. But he told us that he is allergic to penicillin. He said he went through here last year, and also tested positive, and when he got his shot, he said he went into chills and contortions. So we let him through without any treatment. The trouble is that it is penicillin or nothing. We have no substitute for men like this who are allergic to it.[3]

The current practice is to give penicillin-allergic braceros with infectious syphilis a slip of paper advising them of their diagnosis and instructing them to obtain treatment in Mexico and then return. The recommended course of therapy takes about ten days. Allergic braceros whose syphilis is judged by a Reception Center doctor to be non-infectious are passed into the United States without incident.

The aspect of the braceros' medical screening which is in some ways the most important part of the entire process is also the aspect which is the most difficult to reduce to quantitative or objective terms. We refer here to the interpersonal climate in which the processing is conducted.

Since the entire bracero system is powered by economic hardship in rural Mexico which drives men toward the United States, it is probable that a considerable degree of apprehension and tension in the medical screening process is unavoidable. Such tension, however, may either be minimized or aggravated by attitudes on the part of the public health technicians and other personnel who administer the contracting process.

Some Public Health Service technicians are evidently able to appreciate the position of the prospective bracero. Some are aware of the hardship which rejection works upon an applicant, and are sensitive

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[1] Interview, July 9, 1958.

[2] Interview, August 5, 1958.

[3] Interview, July 2, 1958.

to--even troubled by--the power, literally over life and death, which they wield. Compassion apparently prompted one technician to disobey his orders by telling a tuberculosis rejectee, "Go home and rest for a few months. Then come back. You'll have a pretty good chance of getting through then."[1]

In many cases, however, reception center employees become accustomed to the peculiar properties of the bracero program and of their jobs. A former Reception Center employee said,

> It is a shame, the way some of the people at the Center treat the braceros. Things have never been worse. I guess it is because it is the rush season right now. Nobody has any patience. Immigration, Public Health, Labor Department--it is all the same. Everybody curses the braceros and shoves them around. Right now they have a couple of young bullies running the photography, and they are really rough. If a bracero doesn't hold his head just the way they want him to when they are taking the picture, they give him judo chops across the neck, or grab him by the hair and shake him, or even bang his head against the wall. I saw them bang one old man's head against the wall three times, so hard I thought it would break open. He had something wrong with his neck, and couldn't hold his head straight, was why they got mad.
>
> And in the contracting line, where the men have to be fingerprinted and all of that, the employees swear at them very badly. There's one guy there, particularly, who's very hot tempered. When a bunch of men is ready to come through, he tells them to hold their contracts a certain way so it will be quicker for him to stamp them. When one of the men comes through holding his contract upside down or sideways, this guy blows his top. I've heard him say to a bracero, "Just for that, you won't get a contract." I've seen braceros cry when they heard that.
>
> I heard [a staff member] of the Venereal Disease Section, teasing one little bracero from Oaxaca, who was pure Indian and couldn't speak very much Spanish. The bracero asked, "What is going to happen to me now?" [The staff member] said, "We're going to kill you." The bracero thought he really meant it, and started to cry.
>
> Another fellow in the Venereal Disease Section, . . . likes to make them go clear back to the end of the line if they are slow in answering his questions. And he curses them out.
>
> The Consul or any of his staff have never been into the Public Health wing to see how these things really go.
>
> The cursing is terrible. I saw one bracero go up to _____, the Immigration man, and ask him, "Where do

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[1] Interview, July 3, 1958.

I go now?" _____, instead of telling him where the next barracks was, said "Vete a la chingada." This means "go to hell," only worse. You hear this all the time. And many times the braceros are called a bunch of stupid asses: bola de pendejos. Estupido is very common, and so is baboso, which also means something like stupid, but it is a particularly bad insult in Mexico. Another thing you will hear over and over again is for an employee of the Center to call a bracero hijo de la chingada, which is like "son of a bitch," but even stronger. You will hear this in the Public Health Section, photography section, contracting section, everywhere. It is a very bad thing to say in Mexico, because they feel very keen about their mothers down there. It is an especially bad thing for a young man to say to an older man. It is just unheard of. In Mexico, a man might even kill another man for this. But in the Center, you hear it all the time from these young guys, even when they are talking to older braceros. The braceros don't do anything about it. They just stand there and stare. After all, what can they do?

But they feel pretty bad about it. I have seen a lot of braceros cry after they got through being talked to this way. It takes a lot to make a Mexican man cry.[1]

The following statement by a former Public Health Service employee is further indication that some functionaries are either hastily selected at the outset, or grow callous during their association with the bracero system:

Last week, I noticed a couple of braceros looking for something they had lost, around the Reception Center. I asked them what they were looking for. They said that before they went in to get their physical exam they had left a little bag with their clothes outside, and there was a set of hair clippers in the bag. Now it was gone. They were very sad. Apparently, the owner of the clippers had been looking forward to using them after he got to camp. Many of the braceros cut each other's hair, and save money this way.

Today, while I was riding home from work with a couple of fellows from the "vampire department" (blood-testing section), I heard them talking about how they had gotten away with the clippers and how they had fooled the original owners. One of these fellows took the clippers out from under the seat of the car where he had hidden them. I hope he is proud of himself![2]

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[1] Interview, September 2, 1958.

[2] Interview, June 19, 1958. The informant in this, and the previous quotation, had left the program under amicable circumstances to continue his education. His statements cannot be dismissed as the product of rancor or a personal grievance.

The higher officials in charge of the bracero program naturally do not condone such actions and attitudes on the part of their subordinates. Some of the more conscientious officials provide instruction in the desirability and importance of courtesy. But it is difficult to maintain an optimum climate of interpersonal relations within the setting of the bracero program. In part, this is due to the difficulty of recruiting and retaining high caliber personnel. A former Public Health Service physician told us,

> We are handicapped by an obsolete and unrealistic Table of Organization set up by some civil service classifier back in Washington, who evidently had no knowledge of what was involved. Immigration and Naturalization Service inspectors are GS-9, meaning they get at least $6,000 a year. But for some reason or other, our Border Quarantine inspectors in the bracero program were classified only GS-4 or GS-5, even though the work is more skilled. We were only able to pay our X-ray technicians something like $325 a month. You can understand why we would have trouble getting the best X-ray technicians in the world.
>
> In fact, many of the positions in the bracero program--"migratory labor inspectors," they were called--were classified GS-2. This is unprecented in immigration or border quarantine activities. Why, the janitors who sweep out the buildings in Washington make more than that. Naturally, nobody with any great ability, or amibition, or education is going to take one of these jobs.
>
> Another problem is that most of these positions are highly insecure. They may open up during a rush contracting season in the spring, then close for most of the summer, and open up for August and September, then close until the following April or May.
>
> We are doing what we can to upgrade all these positions so that we can be more selective in the people we hire. We have already made some progress in re-classifying the Public Health Service positions. There is more trouble with the Department of Labor positions. The peculiar part of it is that none of this is costing the government anything. The growers are paying for the contracting and screening, with their head fees. But there is a lot of bureaucratic inertia. Once you get civil service slots set up, it is terribly hard to change them.[1]

This same informant went on to explain the Public Health Service's difficulty in recruiting physicians to serve with the bracero screening program.

> This is not the kind of program which is attractive to career members of the Service. The reception centers are

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[1] Interview, July 25, 1960.

located in the hottest and least interesting parts of the country. You are pretty well cut off from professional contacts. You are limited in the clinical material that comes before you. You never see a child. You never see a woman. You never see a really old person. And the pay is not very good. $666 a month to start with.

There is one doctor, a radiologist, who has found just what he is looking for in this program. He has been at the same reception center eight years, and has read over 1,000,000 films in that time. We had another doctor who was really interested in the bracero program, and who stayed with it three years. But, for the most part, the only way we can fill these positions is with interns or one-year residents who are subject to the doctor draft. This is their alternative to serving in the armed forces. Even so, there is great difficulty recruiting doctors for this program. We were only able to recruit two this year.

We even try to "bribe" them with promises to transfer them to a clinical setting, in a PHS hospital, if they will serve one year on the border. But to most young doctors coming out of medical school, almost anything seems better than being stuck in El Centro, or Nogales, or Eagle Pass for a year, doing nothing but giving braceros shots of penicillin or looking at their X-rays.

Most are just serving their time. Under the circumstances we have a morale problem.[1]

So far as is known, none of the Public Health Service physicians connected with the program has ever availed himself of its rich potentialities for original research. Most appear to content themselves with performing their minimal duties, and spending as little time as possible at the reception centers. From the point of view of most of the personnel associated with the bracero screening program, it is an onus, and a chore, rather than an opportunity for constructive accomplishment.

From the point of view of braceros themselves, the medical screening process is always more or less mysterious, frequently capricious and arbitrary, and sometimes ruinous. The words of braceros often reflect this point of view clearly and eloquently.

I have been to the United States as a bracero six times. I have worked in Minnesota, thinning beets and picking cucumbers; I have worked in Tennessee, picking cotton; I have harvested onions and melons in Arizona; I have picked tomatoes near Sacramento, California; I have worked for the Agricultural Labor Bureau, as an irrigator. Some of my contracts have been good, some have been bad. There are many fine things about the United States. You have large, beautiful cities, highways, plenty of water, plenty of jobs. But the thing I will remember

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1. Ibid.

longest about the bracero program is the agony of waiting to find out if one will be passed or rejected after all the suffering one has gone through at Empalme.[1]

* * * *

I and five of my friends have all been rejected. All of us are ruined, since all of us went deeply into debt in order to come here for a contract. I sold my milpa in Aguascalientes to raise money for the trip. My wife and six children are waiting at home, waiting for me to send them money from the United States. Now there will be no money, and there is nothing for me to go back to. I guess my children will have to beg in the streets. I wish I were dead.[2]

8. Recommendations

(a) The language of Article 5 of the International Agreement should be interpreted to mean that the Ministry of Public Health of Mexico shall provide prospective braceros with physical examinations, without charge, before they leave their municipio.

The Mexican government should publicize this new interpretation, such publicity to include a fairly detailed account of the conditions for which rejection is automatic, and perhaps also a listing of the conditions which are rejectable unless cured. The government of Mexico has sufficient control over the mass media of the country, and there is a sufficiently highly developed "grapevine" in rural areas, that such information would probably rather quickly reach the attention of prospective braceros before they left their home towns.

Hopefully, this development would yield three desirable results: reduce the number of men descending upon the Migratory Stations as libres; discourage men with incurable conditions from making a long and useless trip to the Migratory Stations; induce candidates with curable conditions to seek therapy before leaving home.

There is a possibility that requiring pre-screening at home might lead to abuses on the part of some doctors and officials at the local level. It may be doubted, however, that these possibilities are as serious as the abuses known to occur in such cities as Empalme, as a side-effect of the present screening system.[3]

(b) Medical examinations at the Migratory Stations should either be complete, or they should be abandoned altogether. That is to say, the screening of braceros by the United States Public Health Service should either be conducted entirely at Migratory Stations or entirely at border Reception Centers. There are many reasons why it is undesirable to have

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[1] Interview, June 13, 1958.

[2] Interview, July 3, 1958.

[3] See Chapter II, supra.

half of each examination conducted at one place and half conducted at the other. The question, then, is: should the half of the procedure now conducted at the border be transferred to the interior--or vice versa?

The following arguments, among others, might be advanced in favor of transferring the operation to the border: more intimate supervision by Public Health Service authorities can be provided at the border than in the interior of Mexico. Equipment, expert consultants, and other accoutrements of modern medicine are more readily available at the border than in the Mexican interior (in Empalme, particularly). Some years ago, the Public Health Service attempted to conduct its tuberculosis screening at the Migratory Stations, but abandoned the effort because the power supply was too unpredictable, parts were difficult to obtain, and it was difficult to recruit qualified personnel to operate the equipment. A final argument in favor of conducting all screening at the border is that it is possible for prospective braceros to develop serious conditions while en route from Migratory Stations to Reception Centers.

On the other hand, the following arguments, among others, might be advanced in favor of transferring the screening operation to the Migratory Stations: it is wasteful of money and of manpower to transport 5,000 or 6,000 men approximately 200 miles only to reject them. The depositing of these rejectees at the border creates serious human problems, and contributes, indirectly, to the perpetuation of the wetback problem. It is a psychological hardship on all braceros, whether rejected or not, to make the long and unpleasant trip from Migratory Station to Reception Center without knowing what their fate will be at the second of the two medical screenings.

The reasons for consolidation at the interior seem to outweigh those for consolidation at the border.

(c) It is an unsound practice to permit private physicians to conduct physical examinations and solicit patients among those whom they reject. All physicians associated with the screening of braceros should be salaried personnel, working for the public health departments of either Mexico or the United States.

(d) Recommendation "c" like several of our others, might increase somewhat the costs of the screening program. It throws into relief the need for a clear decision, in advance, as to whether the aim is to do the screening as cheaply as possible, or as well as possible. The latter would seem the more appropriate, and if this is the case, the proper question is not, "What method is least expensive?" but "What is the most efficient method which will yield first class medical results, and at the same time respect human values?"

(e) The administrative agencies, perhaps with the assistance of some legislative clarification, should give serious consideration to the question of their "mission" insofar as the bracero screening program is concerned. To what extent is this screening primarily intended to serve American growers by providing them with strong physical specimens, capable of performing arduous labor? To what extent is the screening intended to serve braceros themselves, by protecting them against undertaking a contract which they are not physically qualified to complete? To what extent is the screening intended primarily to serve the American people

by reducing to the greatest possible extent the likelihood of infection from bearers of communicable disease?

It does not really meet the purpose of this recommendation to say "all three," as administrators are sometimes inclined to do. The realities of the situation are such that it is sometimes necessary to set up certain priorities. It is far better to have choices made, when they have to be made, on the basis of a well thought out and clearly articulated administrative philosophy than on the basis of intuition, chance, or prejudice.

At the present time, there are a number of diseases and conditions which pose a potential threat either to the braceros themselves, or to the American public, which are entirely omitted from consideration in the screening process. This suggests an imbalance in the present bracero screening "mission."

(f) The Border Quarantine Service should consider tightening its medical screen to include such communicable diseases as trachoma, malaria, and enteric conditions, which pose a public health threat, and such chronic conditions as diabetes and renal disease, which pose a threat to the individual worker undertaking a contract to perform arduous labor. If it is necessary to hold braceros overnight to accomplish these things, the routine of the recruiting centers might well be altered accordingly. It may be possible, however to develop new diagnostic techniques adapted to the peculiar demands of the bracero program.

(g) Men who are rejected for medical reasons should receive treatment rather than being sent home in a diseased condition. When feasible, treatment should be rendered at the Migratory Station and the patient permitted to re-enter the contract stream, without prejudice, upon recovery.

The dangers that such an arrangement might be abused by men who wanted free medical care rather than contracts are probably not great. Several reasons may be suggested: (1) Preliminary screening at the village level, suggested in recommendation "a," above, would produce a group at the Migratory Station level in which the need for medical care was very much less than at present. (2) The "way of the cross" is so demanding it is doubtful anyone would be willing to go through it who did not wish seriously to work in the United States. (3) Among prospective braceros--which is to say, for the most part, the rural farm population of Mexico--the awareness of need, and desire, for medical care are relatively undeveloped.

For the Mexican government to bear all or most of the cost of this system of out-patient clinics would not be inconsistent with its philosophy and present activities in the field of medical care.

(h) Considerably more exacting standards should be laid down for all technicians associated with the medical screening of braceros. Salaries should be raised accordingly. All those who are recruited should receive systematic training, by medical doctors, in the performance of their duties.

(i) The possibilities inherent in the bracero multiphasic screening process for prevention and case-finding seem to be almost entirely unrealized. In order for these potentialities to be realized, several things would be necessary:

(1) Greater care must be exercised to ensure that information obtained from braceros (address, marital status, etc.) is accurate.

(2) Additional information may need to be included among that which is gathered routinely. (E.g., nearest town, number and age of children.)

(3) More accurate diagnosis. (E.g., as between tuberculosis and disseminated coccidioidomycosis.)

(4) More systematic transmittal of information to public health authorities in Mexico, at the local level.

(5) Provision of funds necessary for Mexican Public Health agencies to perform appropriate tasks of case-finding epidemiology, and treatment. If necessary, funds might be provided by the Pan-American Sanitary Bureau.

(6) All the medical personnel associated with the bracero program, and particularly the administrative personnel who oversee the screening operations from their Border Quarantine headquarters in El Paso, should be trained in public health. At the present time, there are no such requirements.

(j) The bracero program should be utilized as a "laboratory" for the development of more sensitive techniques in the detection of communicable tuberculosis. Present techniques employed in the program yield highly unreliable results. Other existing techniques, such as skin testing, are inappropriate to the bracero situation. A "breakthrough," on the order of the rapid plasma reagent test, is needed. It would be difficult to imagine a better "proving ground" than that which is afforded by the bracero system.

(k) Until new and better techniques are developed, acceptance or rejection of candidates should never rest on a single minifilm reading. Multiple readings should be provided either by a panel of physicians, or through independent readings by the same physician.

(l) One is aware of the difficulties of maintaining any sort of "individual touch" within a situation involving such vast numbers as the bracero system. Nonetheless, an attempt should be made at all times to salvage from the situation whatever is possible in the way of dignity. It would be simple enough, for example, to arrange the physical appointments of the Migratory Stations in such a way that the nakedness of the men undergoing examinations was shielded from the idle passers-by. It would be a relatively simple matter, too, to give all prospective braceros an orientation, in advance of their physical examinations, as to precisely why the screening was being done and precisely what it would comprise.

It would not be so simple to ensure that the personnel associated with the screening process maintained an awareness that every one of the thousands of candidates passing before them is an individual human being. Greater care in the selection of public health technicians would presumably tend to enhance the play of sensitivity in the screening program and reduce the play of insensitivity. Improved salary ranges would presumably increase

the number of applicants for these positions and make possible greater selectivity. But perhaps more than anything else it is important that the administrators in charge of the Migratory Stations and Reception Centers demonstrate by word and deed that they intend to minimize the dehumanizing qualities of a mass processing arrangement, and they expect everyone working under them to do the same.

(m) At one point or another, the following public agencies have an appropriate interest in the medical screening of braceros: U. S. Public Health Service; Mexican Ministry of Public Health and Welfare; State Departments of Public Health in Mexico; State Departments of Public Health in U. S.; local health jurisdictions in U. S.; Pan-American Sanitary Bureau. At prestnt, there is relatively little systematic communication or coordination of activity between these several agencies. At the very least, representatives of each should meet regularly to discuss the medical aspects of the bracero program: health problems on either side of the border which are being, or might be, transmitted by the annual movement of half a million laborers; new mass diagnostic techniques; better reporting and case finding system; better disposition of rejectees; and so forth.

Such a coordinating committee could be formed within the framework of the U. S.-Mexico Border Public Health Association, but, unlike that organization, should have some form of official status, and should meet at least quarterly rather than annually.

(n) The problem of financing the above recommendations lies not so much in a shortage of funds as in the equitable division of funds currently available. Some of the costs might properly be met by taxpayers of the United States. Development of improved diagnostic techniques, for example, will have application and benefits far beyond the bracero program. The operation of the bracero recruiting and contracting system, even if it is considerably modified and even if it becomes more expensive, should continue to be financed by bracero-users through their contributions to a special revolving fund of the Department of Labor. To the extent that certain of the above recommendations would primarily benefit the people of Mexico, neither U. S. taxpayers nor U. S. growers should be held solely responsible for their financing. Braceros themselves, through deductions from their U. S. earnings, might assist to a limited extent. But, at the present time, Mexico as a whole, including braceros, is probably in no position to support a first-rate program of preliminary screening, medical care for rejectees, or investigation of communicable disease contacts. A number of possibilities might then be considered, including grants or loans from one of the multilateral or bilateral foreign aid programs, from one of the great foundations, or perhaps even from a voluntary organization of U. S. citizens who feel some responsibility toward the Mexican contract laborers who have been producing much of this country's food and fiber for the past eighteen years.

IV. ENVIRONMENTAL FACTORS, IN THE UNITED STATES, INFLUENCING BRACEROS' HEALTH STATUS

A. Introduction

In the two foregoing chapters, we have examined aspects of the bracero system, occurring prior to the time the participants actually receive their contracts, which affect braceros' needs for health and medical services while they are under contract in the United States.

In the present chapter, we shall be concerned with environmental factors, encountered by braceros after they have entered this country, which also bear a possible relationship to health status. We shall not presume to examine every relevant variable. Attention will be directed toward variables which are, first, relatively amendable to observation and, where possible, quantification; and which are, second, subject to administrative modification and control.

We shall take up, in order, housing and sanitation, food; transportation; wages; and use of leisure time.

B. Housing and Sanitation

1. Introduction

As interest in social medicine has mounted within the health disciplines and social sciences, evidence has mounted bearing on the relationship between quality of housing and incidence of sickness and accidents.

Using National Health Survey data, Britten and associates found clear relationships between illness and crowding; digestive diseases and type of toilet facilities; and home accidents and quality of housing.[1] Blum and Elkin discovered, in an epidemiological study of an outbreak of meningococcic diseaseat Oak Ridge during the war, that attack rates were significantly higher in "slum" areas than in "standard" areas, even when variables such as age, sex, and race were held constant.[2]

In the light of these and other similar findings it is pertinent in this study of certain factors of probable importance to braceros' health, to examine the housing and sanitary facilities with which braceros are provided while they are in the United States.

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[1] Rollo Britten, J. E. Brown, and I. Altman, "Certain Characteristics of Urban Housing and their Relations to Illness and Accidents: Summary of Findings of the National Health Survey," Milbank Memorial Fund Quarterly, XVIII: 91-114 (1940).

[2] Bernard Blum and William Elkin, "The Relation of Housing to the Incidence of Meningococcic Disease in an Outbreak in Oak Ridge, Tennessee," American Journal of Public Health, 39:1571-1578 (1949).

2. Number and Distribution of Camps

During the years in which Public Law 78 has been in existence, the number of farm labor camps in California has increased by more than 50%.

Table 11

Farm Labor Camps of Record, California,

1951-1960

Year	Number of Camps
1950	4,150
1951	4,440
1952	4,980
1953	4,980
1954	5,395
1955	5,400
1956	5,850
1957	6,045
1958	6,280
1959	6,400
1960	6,450

NOTE: 1950-1956 data are estimates; 1957-1960 data are enumerations.

SOURCE: California Department of Industrial Relations, Division of Housing, unpublished data.

Exact data are not available on the number of these camps which are suitable for single males (braceros) only, and those which are appropriate for family groups (American farm workers). A Division of Housing representative estimated, in 1957, that 90% were bracero camps.[1] The percentage is perhaps even greater today. The following table, adapted from records of the State Department of Employment, indicates the striking trend toward bracero housing during the past ten years.

[1] John F. Baxter, "Farm Labor Housing in California," Paper presented at the Annual Convention of Western Branch, American Public Health Association, Long Beach, California, May 29, 1957.

Table 12

Crop-Area-Activities Reporting Single Male and Family Housing, With Family Housing as Per Cent of Total, 1951, 1955, and 1960

Date	Crop-area-activities offering single male housing only	Crop-area-activities offering family housing	Family housing as per cent of total
June 23, 1951	8	38	82.6
April 2, 1955	23	24	51.1
March 12, 1960	52	19	26.7

SOURCE: California Department of Employment, "Weekly Farm Labor Report" (Adapted and arranged).

The data in Table 13, while not limited to bracero camps, suggest an approximate distribution of such camps throughout California's agricultural counties.

Table 13

Labor Camps of Record[1] in Each County Employing Mexican Nationals, California, 1957

County	Number of Camps	County	Number of Camps
CALIFORNIA, TOTAL	6,939		
Alameda	83	Riverside	353
Butte	150	Sacramento	193
Colusa	106	San Benito	41
Contra Costa	131	San Bernardino	218
El Dorado	58	San Diego	268
Fresno	530	San Joaquin	642
Glenn	35	San Luis Obispo	89
Imperial	188	San Mateo	29
Kern	326	Santa Barbara	117
Kings	95	Santa Clara	367
Lake	52	Santa Cruz	87
Los Angeles	222	Shasta	48

[1] Known to the State Division of Housing as of September 30, 1957.

Continued on next page

Table 13--Continued

County	Number of Camps	County	Number of Camps
Madera	96	Siskiyou	53
Mendocino	55	Solano	160
Merced	154	Sonoma	148
Monterey	247	Stanislaus	139
Napa	55	Sutter	292
Nevada	11	Tehama	31
Orange	133	Tulare	213
Placer	200	Ventura	165
		Yolo	220
		Yuba	67

SOURCE: State of California, Department of Industrial Relations, Division of Housing, personal communication.

3. Regulations

The regulations concerning housing for braceros are more detailed than those governing any other aspect of the bracero program. The first substantive provision of the Standard Work Contract drafted by United States and Mexican officials reads as follows:

> The Employer agrees to furnish the Mexican Worker, upon the Mexican Worker's arrival at the place of employment and throughout his entire period of employment without cost to such Mexican Worker, hygienic lodgings, adequate to the climatic conditions of the area of employment and not inferior to those of the average type which are generally furnished to domestic agricultural workers in such area. Such lodgings shall include blankets when necessary, and beds or cots, and mattresses when necessary. Mexican Workers may not be assigned to any lodging quarters in such numbers as will result in overcrowding of the premises. Sanitary facilities to accommodate them shall also be furnished by the Employer. The Employer further agrees to comply with such housing standards as may be prescribed jointly by the United States and Mexico.

The requirement that bracero facilities be "not inferior to those of the average type which are generally furnished to domestic agricultural workers" is really no requirement at all, since most housing for domestic

farm laborers is notoriously bad.[1] Of much more importance is the fact that the Standard Work Contract permits the issuance of housing standards "jointly by the United States and Mexico."

During the first five years of the bracero program, there were no such standards, beyond the vague requirements that buildings be "in good condition," toilets "adequate," cooking and eating facilities "clean," and so forth. In December, 1956, the U. S. Department of Labor issued quite detailed instructions which spelled out the meaning of "sanitary," "adequate," etc. These suggested standards provoked a storm of protest from bracero-users, and were officially condemned by action of the legislatures of California and Texas. In the face of this criticism, the Department of Labor revised its standards substantially, and reissued them on March 25, 1957.

At the present time, there are two sets of federal housing standards, one for bracero camps with six or more occupants, and the other for camps with fewer than six occupants. These standards include provisions for garbage disposal, fire escapes, drinking water, window-floor ratio, cubic feet per occupant, heating, toilets, showers, laundry facilities, and a number of other matters.

California is unique among bracero-using States in that it has its own labor camp code, and a staff of inspectors to enforce the code. The differences between the California code and the Department of Labor's standards are several, but on balance the two are about equally rigorous. In California, most inspections of bracero camps are performed by personnel of the State Division of Housing, although representatives of the Department of Labor include a certain amount of housing inspection among their other duties.

4. Compliance and Enforcement Machinery

As a condition of authorization to contract Mexican workers, the prospective employer must submit to the nearest regional office of the Bureau of Employment Security, U. S. Department of Labor, a form ES-367, "Employer's Statement of Housing and Facilities." He is expected to "be familiar with the minimum acceptable housing standards established by the Secretary of Labor," and to "accurately describe the housing and facilities he proposes to provide."

One of three things may happen after the grower submits his form ES-367. The application may be turned down; an inspector may visit the employer's premises to check on the actual state of his facilities; or the employer may receive authorization to contract braceros solely on the strength of the statements he has made on his form ES-367. In the latter event, he is subject to an inspection at any later date that the Department of Labor may choose.

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[1] California is the only bracero-using state with a farm labor camp code. But, even in California, enforcement is highly imperfect, since, as one government agent said, "It keeps us busy just keeping track of the bracero housing." (Interview, June 17, 1957.)

The federal regulations concerning bracero camps are properly called "standards" rather than "laws." Representatives of the U. S. Department of Labor[1] have no policy power. However, when they choose to exercise it, they have a type of power which is usually sufficient to ensure compliance with standards. They are able to grant or to withhold braceros. To the grower who has built his operation on bracero labor, this power is likely to be quite persuasive.

Article 7 of the International Agreement states, "The Secretary of Labor can . . . refuse to issue a certification to an Employer or to revoke one that has been previously issued . . . where the Secretary of Labor finds that housing, sanitary facilities, or drinking water is inadequate, in accordance with the terms of this Agreement." By way of implementing this authority, Article 23 states, "The Employer shall permit the representative of the Secretary of Labor . . . access to the place of employment of Mexican Workers when necessary for these officials to carry out their responsibilities under this Agreement. . . .The refusal of any Employer to permit these officials access to the place of employment shall constitute a violation of this Agreement and the Secretary of Labor may . . . withdraw the authority under which the Employer was permitted to contract the Mexican Workers."

Indeed, the power of the Department of Labor may be exercised without one of its representatives ever having stepped into the camp in question. As already mentioned, a grower who wishes to hire Mexican Nationals must submit a description of the housing he proposes to provide. If the facilities are patently inadequate, the request may be rejected out of hand. More commonly, the prospective employer is notified of changes he must make in his facilities, and he gains his elgibility to receive Nationals when and if he indicates that he has made the required improvements. Once a camp has been certified, it is not necessary for the employer to resubmit a description each year, unless changes have been made in the facilities he has previously described.

Unlike the U. S. Department of Labor housing standards, the California Labor Camp Act is backed by legal sanctions.[2] The Act reads, in part:

> Section 2423. Any camp which does not conform to this article is a public nuisance and if not made to conform within five days or within such longer period of time allowed by the Division of Housing after written notice given by the commission, shall be abated by proper action brought in the superior court of the county in which the camp, or the greater portion thereof, is situated.

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[1] Technically, the correct title of these agents is "Employers Service Representatives." They are more commonly known as "Compliance Officers."

[2] The right to invoke penal sanctions and their actual invocation are, however, two very different matters. As we shall shortly see, the State Division of Housing appears to be reluctant to exercise its police powers, particularly in the case of bracero camps.

Section 2424. For the purposes of securing the enforcement of this article the officers and agents of the Division of Housing shall have the authority of peace officers to make arrests, to serve any process or notice throughout the state and such other authority of peace officers as may become necessary in securing the enforcement of this article.

Section 2425. Any person who violates, or causes another person to violate, any provision of this article is guilty of a misdemeanor, punishable by a fine of not more than two hundred dollars ($200), or imprisonment for not more than sixty days (60 days) or both.

County health officers, and their representatives, have similar police powers which they may, if they wish, exercise to the extent that Mexican National camps impinge on the public health.

5. Problems of Jurisdiction and Coordination

The relationships between the various agencies concerned with bracero housing in California are not always clearly drawn. There is a "working arrangement" between the U. S. Department of Labor and the State Division of Housing. Technically, the federal government is fully responsible for the quality of bracero housing, and is entitled to inspect such housing at any time and place it chooses. In practice, the Division of Housing does the great majority of the bracero camp inspections. This has led to the belief among some growers and camp operators that the Division of Housing has sole jurisdiction. In March, 1957, an officer of the California Farm Bureau Federation, wrote to the Department of Labor, protesting the fact that Department representatives were conducting inspections, and advocating "a return to arrangements previously in use in California." The reply read, in part, as follows:

> There seems to be some misunderstanding about our arrangements with California. . . . It is quite true that we have received splendid and most needed cooperation from both the Division of Housing and the California Department of Employment in carrying out our responsibilities under the Migrant Labor Agreement to assure the adequacy of Mexican worker housing. At the same time, however, our own field representatives have always inspected housing as an integral part of their over-all duties. During the year 1956, for example, they inspected 540 camps in California.[1]

The letter concluded by saying, "I am convinced that the steps which the Department has taken . . . will not occasion any conflict or duplication of effort." It appears, however, that administrative problems do exist. For example, the Division of Housing inspectors who are given most of the

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[1] Unpublished correspondence. Note the reference to the number of bracero camp inspections by Department of Labor representatives. In the same year, State Division of Housing inspectors probably inspected four times this many bracero camps. Both figures combined fall far short of the number of camps in the state, as will be brought out in the subsequent discussion.

responsibility for inspecting bracero camps are not at the same time given the type of authority which in the bracero program really matters. That is, they cannot remove an employer's workers. At best, they can suggest to the nearest Department of Labor representative that this step is indicated. But before the representative can act on such a recommendation, he must inspect the camp personally.

When it comes to enforcement of regulations, most authorities are outspokenly reluctant to take punitive action toward violators. As one of them put it, "Hell, we've got to live with these guys."[1] Other inspectors seem to feel that the agencies involved are not equipped to do a really thoroughgoing job of enforcement, and there is no point in beginning what they cannot finish. Whatever the merits or demerits of these lines of reasoning, the federal, state and local authorities with whom this observer has spoken are unanimously agreed upon an approach of "friendly persuasion" rather than strict insistence on the letter of the law and all its sanctions.

As noted, the ultimate sanction in the bracero program is withdrawal of workers from an employer and denial of the right to contract any more. This sanction is only rarely invoked. When an employer's camp is closed, as happens from time to time, his workers are not necessarily taken away from him. In most cases, the grower is permitted to retain his crew of braceros if he can find other lodging for them. He is usually able to accomplish this through arrangements with neighboring ranchers until such time as he can renovate his own camp or build a new one. A grower can be "blacklisted" for housing violations only when he has "wilfully failed to furnish adequate lodgings." It is very difficult to prove wilful non-compliance, and hence almost no growers are disqualified from the bracero program on ground of bad housing.

This approach, which stresses education and friendly persuasion, assumes that the most effective--in the long run, probably the only effective--enforcement will be that provided by the employers themselves. The Secretary of Labor says as much in a directive on housing to his field representatives:

> Prior to the arrival of workers the Employer shall assure himself that all standards have been met; thereafter and throughout the entire period of employment he shall periodically inspect his housing and facilities in order to insure the continued maintenance of these standards. The Employer shall take all necessary steps to see that workers are not assigned to housing units in excess of approved capacity. The responsibility for maintaining housing and facilities in accordance with minimum standards is the Employers . . . Association employers shall be responsible for compliance with minimum housing standards by their member-users.[2]

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[1] Interview, June 21, 1957.

[2] Department of Labor, Bureau of Employment Security, "Housing Mexican National Workers," Washington, D. C., March 25, 1957. (Mimeographed.)

Department of Labor representatives are apparently given considerable latitude in implementing this directive. Some spend much of their time discussing with employers the reasons why it is to their (the employers') advantage to furnish braceros with good housing. Others, however, evidently lack the requisite time or talents for full pursuit of the educational approach. In these cases, it may be doubted that employers are aware of their responsibilities, and consequently cannot meet these responsibilities.

A final state agency, which is indirectly concerned with bracero housing, may be noted briefly. The Department of Employment's farm placement representatives cooperate, on an informal basis, with the Department of Labor and the State Division of Housing. In the course of their other activities, which have to do principally with estimates of prevailing wage rates and numbers of workers, these field representatives learn a good deal about the size and location of farm labor camps.

They are often able to notify the other government agencies of new camps or camps still in the process of construction. Although farm placement representatives technically have no responsibility for bracero housing quality, they sometimes talk informally with farmers about this subject, and in pointing out shortcomings, may take some of the burden from Department of Labor representatives and Division of Housing inspectors.

6. Quality of Bracero Camps

What results does the above compliance machinery yield? Some bracero housing is basically as sound as an army barrack, or even a civilian motel.[1] Some bracero housing is decidedly substandard. The remainder makes up a continuum between these extremes. Despite this great diversity, a crude typology may be suggested which, it is believed, embraces most bracero camps. We shall consider the following categories: Association camps; corporation camps; fringe camps; and family camps. Although only very crude estimates are possible, we may suggest that perhaps 25% of the state's braceros are housed in Association camps; 40% in corporation camps; 20% in fringe camps; and 5% in family camps.

There are, first, camps maintained by Associations of bracero-users. Several characteristics distinguish these camps. (1) They are usually relatively new. The Associations which operate them are for the most part outgrowths of the post-1951 bracero boom. In some cases, Associations have remodelled domestic farm labor camps. In many cases, army barracks or public housing units have been moved to the camp site. In the best camps, the Associations have built entirely new sleeping, dining, and sanitary facilities. Some of this new construction is cheap and temporary in character, but as the State Division of Housing observes, "concrete block and steel frame structures are becoming increasingly common since they

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[1] Reference is made here to basic construction only. Appointments are never as lavish as those which would be taken as a matter of course even in a third-rate motel. The best as well as the worst bracero housing is characterized by austerity, even bleakness.

provide the greatest ease of maintenance."[1] Model camps of this type have recently been built in the Hemet Valley, in Santa Barbara County, and in other areas. (2) Association camps are usually quite large. Several Association camps in California accommodate 1,000 men or more. The average Association camp probably has a capacity of about 500. This is perhaps ten times as large as the average individual grower's camp. (3) Association-owned camps are usually occupied much more of the year than is the case with most camps operated by individual growers. An Association of 200 members is likely to include growers of spring crops, such as green onions; summer crops, such as melons; fall crops, such tomatoes; and winter crops, such as navel oranges. An individual grower is hardly likely to be engaged in such diversified activities. It is common for Association camps to remain open the year around, although their population varies, between a high of, say, 750, to a low of 300.

The size and average occupancy of Association camps take on particular importance in view of the structure of the Associations themselves. Members usually pay a fixed fee to join the Association, and they also pay a certain amount per man-hour for the labor they use from the Association's pool. Ten cents per man-hour seems to be the average. The more braceros the members use, and the longer they use them, the more money the Association management has at its disposal. Since the Associations are nonproprietary, and since they exist manily for the purpose of providing central housing, much of the income is plowed into improvements in facilities for the workers. Relatively speaking, there are few compliance problems with the Association camps.

A second category of bracero camp is the type owned and operated by large-scale growers, and corporation farms. Although these camps may have very large capacities, they are usually inferior to Association camps due to differences in the type of operation. Corporation camps are often occupied only a small part of the year. The California Packing Corporation, for instance, maintains camps for peach pickers in Sutter and Merced Counties, but the peach season lasts only a few weeks. Furthermore, most "factories in the field" have been in operation for a number of years. Unlike the Associations, they rarely build new housing for braceros. Mexican Nationals live in the same housing wetbacks lived in ten years ago, the "Joads" twenty years ago, and Filipinos thirty years ago, and frequently this housing has received little paint or repairs in the interim. Corporation farms, unlike bracero-users' Associations, are operated for profit.

Still and all, there is a fair degree of compliance in the corporation camps. The enforcement agents usually know where these camps are located, and may visit them fairly often. Conditions in the large privately operated camps are likely to be reasonably close to standard.

A third type of bracero camp may be called the "marginal" or "fringe" camp. It is relatively small. It is isolated, well away from public thoroughfares. It is often partially hidden in a thicket or willows or some other type of cover. It may consist of the flimsiest sorts of buildings--perhaps nothing more than chicken coops. The man who operates a fringe camp is in many cases a speculative farmer: a man who leases

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[1] State of California, Department of Industrial Relations, Division of Housing, "Employee Housing," 1956. (Mimeographed.)

land on a year-to-year basis, and grows "one shot" crops such as melons, from which he may make a great deal of money or may lose everything, depending on the state of the market when his crop is ready to pick.

Problems of enforcement among "fringe camps" are obvious. Inspectors may never have been to a particular camp.[1] Or, they may visit a former campsite only to find the camp has been moved. Or, most likely of all, a grower may simply ignore deficiency notices and warnings, since he knows how slowly the wheels of bureaucracies turn, and since he has little intention of remaining in the area long enough to feel the effect of any sort of enforcement edict.[2]

A fourth type of bracero camp may be called the "family camp." Little is known about this type. Little can be known under existing legislation, for the "family camp" is technically not a camp at all. A farmer who employs five or fewer braceros is exempt from the State Labor Camp Act.[3] It would make little difference if he were covered. These vest-pocket camps are even more difficult to locate than the fringe camps. It might seem that since enforcement is at a minimum, complicance is at a minimum, too. But from what little is known, it appears that such is not the case. Some rather basic characteristics of human nature serve in the capacity of enforcement agents, and at times seem to do a better job than federal and state inspectors. The man who hires only two or three braceros is a small operator. Unlike the corporation farmer, he himself usually gets out into the fields with the braceros who work for him. He knows them on a personal basis. It is difficult for a man to remain indifferent to the welfare of employees he sees every day, whose names he knows, and beside whom he works.

Taken all in all, the housing and sanitation of braceros in California is not uniformly so bad as some criticisms of the program suggest.[4] There can be no doubt it has improved, by and large, over the years--and continues to do so. On the other hand, it is not so good as some partisans of the program whould have one believe.[5] There is a great deal of room for

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[1] It will be recalled that a grower can be certified for Nationals solely on the strenght of his own description of his facilities.

[2] The State Labor Camp Act specification of conformity "within five days" seems to be entirely inoperable and inappropriate in the context of the bracero program.

[3] It is likely the 1961 State Legislature will be asked to consider extending the Act to all employee housing, regardless of numbers of workers involved.

[4] See, e.g., "The Shame of Housing for Mexican Contract Workers," (1957); "Just One More Look, Mr. Secretary," (1957); and other publications of the U. S. Section, Joint U. S.-Mexico Trade Union Committee, Washington, D. C.

[5] See, e.g., Ronald Johnson, "New Deal on Farms," San Francisco Examiner, June 2, 1957, and idem, "Model Farm Labor Camps Paying Off," San Francisco Examiner, June 3, 1957.

improvement. This was recognized in a letter to an officer of the California Farm Bureau Federation by a Bureau Director from the U. S. Department of Labor.

> The noticeable acceleration in our inspection activities this year was a response to an undeniable need for improvement in the housing conditions of a significant minority of Mexican workers. I personally investigated many reports of bad housing in California, as well as other states, and was shocked by the conditions in which many workers were forced to live. That such conditions could exist pointed up the necessity of developing equitable standards which could be applied uniformly wherever Mexican workers are employed. . . .[1]

7. Factors Affecting Quality of Bracero Housing

In the foregoing discussion, some of the factors influencing bracero housing have been implicit. For example, we have touched upon such considerations as size of camp, duration of tenancy, and nature of management. Other factors which should be mentioned include the following:

(a) Size of enforcement staff: The State Division of Housing has 29 inspectors who, in addition to being responsible for inspecting approximately 5,500 bracero camps, are responsible for domestic farm labor camps, labor camps for other types of workers (e.g., railroad, construction), trailer courts, swimming pools, skating rinks, motels, and various other types of public places. From time to time, attempts are made in the California legislature to increase the number of inspectors and authorized the Division of Housing. To the date of this writing, all such attempts have been defeated.

To cover California's bracero camps, the Department of Labor has 14 compliance officers, whose duties also include a great many other things besides bracero camp inspection. The Appropriations Committee of the U. S. House of Representatives has rejected a number of requests by the Department of Labor for an expanded compliance staff.

(b) Qualifications of enforcement staff: So far as is known, none of the compliance officers of the Department of Labor has a background specially equipping him to pass judgement on housing or sanitary facilities. State Division of Housing inspectors have, of course, the benefit of experience. Some have been with the Division during a majority of its 46 years.

An official of the Division told us,

> For a good many years, the qualifications for inspectors were low. Once those fellows got in, they had civil service, and I don't mind saying we were stuck with some pretty dead wood. I imagine the same general sort of thing happened in public health departments and a number of other public agencies.

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1 Unpublished correspondence.

Now we are jacking up our standards, and the young fellows we are getting have to be really on the ball.[1]

(c) Enforcement machinery: When an employer enters into a contract with Mexican Nationals at the El Centro Reception Center, he becomes subject to the terms of the International Agreement and Standard Work Contract. The enforcement machinery provided by the International Agreement is as follows:

> Whenever the Representative of the Secretary of Labor, through inspections, by complaint or otherwise, receives information that . . . the Employer has violated or is violating terms of this Agreement or of the Work Contract, he shall immediately make a preliminary investigation for the purpose of ascertaining the facts as to the alleged violation. . . . If the Representative of the Secretary of Labor finds on preliminary investigation that a violation has occurred or is occurring and the violation is of such nature that corrective measures may be taken with respect thereto, he shall immediately bring the violation to the attention of the violating party and request that such corrective measures be taken immediately. If the violating party fails or refuses to comply with this request, the Representative of the Secretary of Labor shall immediately advise the appropriate Mexican Consul. The Mexican Consul may accept the findings of the Representative of the Secretary of Labor or, at his option, may request that a joint investigation be made with respect to the alleged violation. . . . If the Mexican Consul accepts the findings of the Representative of the Secretary of Labor, or as a result of the joint investigation it is jointly determined that a violation exists and the violating party is an Employer, the Secretary of Labor may, or on request of the Mexican Consul shall, subject to the right of appeal as hereinafter provided, terminate the Work Contract. . . .
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> If . . . the affected party is dissatisfied with the joint determination made by the Representative of the Secretary of Labor and the Mexican Consul, or by the findings of the Representative of the Secretary of Labor in case the Mexican Consul does not participate in a joint investigation . . . he may appeal from such determination. . . . If such appeal is taken the notice of objections together with the evidence found and determination made . . . shall be referred without delay to the Secretary of Labor and the Representative of the Mexican Government in Washington and these officials shall promptly make a final joint determination as to the alleged violation.
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> During the course of any investigation and until the procedure privided for in this Article, including the review procedure . . . has been exhausted, the status quo will be preserved insofar as practicable unless the Representative of the Secretary of Labor and the Mexican Consul otherwise jointly agree.

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[1] Interview, June 21, 1957.

The Department of Labor representative, usually greatly overburdened with routine duties, avoids time-consuming joint investigations whenever possible. Consequently, employers' braceros are almost never withdrawn for housing violations or for any other reason. If a Department of Labor representative is conscientious, upon noting a violation, he will "bring the violation to the attention of the violating party and request that . . . corrective measures be taken." If he commands the respect of the employer, the recommended action may be taken in due time. Even under the best of conditions, it may take months or even years for a violation of housing regulations to be corrected.[1] Under less than optimum conditions, they may never be corrected at all.

The author has talked with only one Department of Labor representative who had placed special emphasis on housing standards in his territory. This compliance officer said,

> We have approximately 250 National camps in this county.[2] They range in size from one man to 1,200 men. We recently got through a survey of all these camps to see if they were meeting regulations. It was the first survey of this kind ever done. Of the 250 camps, we found that only 97 had ever been visited by an inspector from the State Division of Housing. We found them living in chicken coops and all kinds of fantastic setups . . . . I had one assistant. He took the northern half of the county, I took the southern. I haven't received my assistant's report yet, so I can't give you those statistics. But in my end of the county there were 110 camps. All but two or three required repairs. What we do is give them a warning and they usually promise to take care of whatever we suggest. However, ten of the 110 camps were beyond hope. They were so bad that no amount of repairs could bring them up to snuff. So I told those ten growers, "I am sorry, but I am going to have to close you down." They were all members of the Association, so they were able to house their Nationals in the big Association camp.[3]

The enforcement machinery is cumbersome, and this causes it to grow rusty from disuse. But an even more serious impediment to effective enforcement of housing regulations in California probably inheres in the confusion of responsibility in this field. The following agencies and representatives are involved at one point or another:

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[1] On August 15, 1957, for example, the Gondo Camp near Watsonville was closed after more than three years of warnings for "deplorable conditions." San Francisco Chronicle, August 16, 1957.

[2] Prior to this agent's special survey fewer than 200 labor camps were "of record" in this particular county.

[3] Interview, May 8, 1957. This informant did not make it clear whether he had "closed down" the ten worst camps by going through the full enforcement procedure sketched above, or whether he had been able to obtain voluntary closure by working through the Association of which all ten employers were members.

1. U. S. Department of Labor, Bureau of Employment Security, Washington, D. C.

2. U. S. Department of Labor, Bureau of Employment Security, Regional Office, San Francisco.

3. Employers' Service Representatives.

4. California Department of Employment, Division of Public Employment Offices and Benefit Payments.

5. California Department of Employment, Farm Placement Service.

6. Farm Placement Representatives.

7. California Department of Industrial Relations, Division of Housing.

8. Mexican Consuls.

9. Local health departments.

The possibilities of overlapping and duplication of effort are enormous. Tax-supported agencies with budgetary problems are sometimes tempted to lean over backward in avoiding the charge of duplicated efforts. Further, when the operator of a substandard bracero camp is called to task, it is often possible for him to play these several agencies off against each other, to the point that they virtually lose sight of the original violation.

One informant, a Chief Sanitarian for a local health department, said,

> Technically, the State Division of Housing has legal surveillance over all labor camps. But in practice this breaks down. The inspector for this area has three counties. He can't even keep up with new construction, let alone keep track of the old. So the local health departments have simply had to step in and do a certain amount of this work, although they are severely handicapped by their lack of legal authority in the field. Nobody has called us on it yet, but we are in a difficult situation. . . . How well it works all depends on the relations in a particular area between the Division of Housing and the local health department. In the past there has been pretty nice liaison and cooperation in this county. But things are now at a low ebb. Maybe I shouldn't have told the area supervisor of the Division of Housing that he was a son-of-a-bitch. He was just sitting on his duff, waiting for retirement. They have a new man now. I haven't met him yet, but maybe things will get better. The trouble is that relations between the two organizations are left entirely on a voluntary, local basis. There are no guidelines to follow. You can look in vain through the State Labor Camp Act--you won't find any mention in it anywhere of local health departments, local health officers, or the State Health Department. . . . Now, they

had some hearings in Sacramento just this week which touched on this very point. I didn't get there, but my point of view was expressed. My point of view is that labor camps are a local problem, and ought to be handled by local health department personnel. But they've got to write this into the code, and, furthermore, they've got to provide us with some money or some men to carry out these duties. Interestingly enough, the Legislative Auditor feels the same way. He sees no justification for continuation of state responsibility for labor camps, and he has said so. As you may know, he is a very influential person. I think there's no doubt whatever that the big change is coming. I think it's quite possible that within four or five years, or even less, the State Division of Housing will cease to exist. All its work will be done at the local level. Things can't go on the way they are now. Why, did you know that here in this county, our labor camps are under the jurisdiction of a housing supervisor whose office is 200 miles away?[1]

The difficulties sketched above have given rise to what the government agencies involved call their "do-it-yourself" compliance policy. Prior to January, 1957, prospective bracero-users in California needed an on-site inspection of their housing facilities before they received a certification to employ Mexican Nationals. At that time, however, the State Department of Employment acting as an agent of the U. S. Department of Labor, issued an administrative interpretation that "the submission of ES-367 cancels the requirement for pre-occupancy inspection of housing for Mexican Nationals."[2]

This policy, in effect, puts the burden for enforcement of bracero housing standards upon bracero-users themselves. Some bracero-users, no doubt, are able to carry this burden. Others are not. As an area supervisor of the State Division of Housing put it, "If you have something to hide . . . you can do so and get away with it for years."[3]

(d) Attitudes of bracero-users: Responsible growers do not hesitate to admit that some of their colleagues are less than wholly responsible in such matters as housing. For example, one of our informants said,

> Most of us are trying to do the best job we can. If we make mistakes it's becuase we don't know any better. But our job is being made much harder for us because of a few bad actors. We have all kinds of people on our necks because they think we are all like that. A few rotten apples in the barrel, that's what they are. I could name them for you. They're after a fast buck, and the devil

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[1] Interview, December 20, 1956.

[2] State of California, Department of Employment, "Division Notice 1768Q: Changes Relating to Housing for Mexican Nationals and Use of ES-367, Employer's Statement of Housing and Facilities," January 9, 1957.

[3] Interview, June 21, 1957.

take the hindmost. Most of us growers are just as anxious to get rid of them as anybody. We want to get rid of them so we can cut out all the baloney on both sides, and get down to our real business, which is growing things.[1]

To an irresponsible grower, his labor camp is part of his castle, and any action by a governmental representative is viewed as a violation of his domain. Growers of this type feel that the only guides to the quality of housing they provide for braceros should be their pocketbooks and their consciences. Many operators of bracero camps, for example, are entirely convinced that anything at all is sufficient for braceros because anything at all is likely to be an improvement over conditions in Mexico."

It is quite true that most braceros come from miserable conditions. Their houses are often made of mud, or woven sticks, or flattened tin cans, or cardboard cartons. They have dirt floors, no windows, no chimneys, no doors in the doorways. The family sleeps on the floor. An irrigation ditch or a polluted well usually serves as a water supply. The chaparral in back of the house serves as a toilet. This is in rural areas. In cities, conditions are likely to be worse.

Even persons of good will, persons who are sympathetic with the bracero, sometimes fall into reasoning that "things are so much better than this in bracero camps that, really, we mustn't be too critical."

A variation on this argument is that "they like to live like animals." Although this viewpoint is hardly supportable, it is mentioned here because, if accepted, as it sometimes is, it creates indifference or active opposition to any housing regulations laid down by a governmental authority.

(e) Employee attitudes and behavior: Owners of farm labor housing often complain that there is little point in attempting to maintain high quality facilities. They allege that agricultural workers--whether foreign or domestic--"don't know how to take care of what they are given," and "don't appreciate good facilities."

There may be a considerable measure of misunderstanding in such judgments. At the same time, it is true that most braceros have preferences and behavior patterns which differ from those of most bracero-users. Foreign workers consider different things important, and different things fitting and proper. Many things taken for granted in the culture of middle-class America are totally alien to their experience. For example, the use of knives, forks, and spoons is not customary in peasant homes in Mexico, nor is the use of showers, laundry tubs, or toilets. As Foster has pointed out, the sitting position which is required for defecation in a flush toilet or privy often induces "psychological constipation" in Mexicans who are accustomed to a squatting position.

It is possible then to explain on cultural grounds, the following experience which seemed incomprehensible to the Department of Labor compliance officer who related it to us.

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[1] Interview, July 13, 1957.

> Mr. _____ over in the delta had some privies, see? Well, they weren't in very good shape. So, we went around, and we said to him, "Look _____, these privies are rotten. You've got to do something about 'em." Okay, so he took a bulldozer and knocked them all down, and covered everything with dirt. Then he took and he built brand new toilet facilities--concrete. The outfit must have set him back $5,000. Now, right in back of this new setup was a ten foot ditch, and on the other side of that was another fellow's property, planted in tomatoes. Well, come the tomato picking time, I got a phone call from this other fellow. He says, "What the hell's going on here? My pickers can't get into that end of the field. Between the rows is all full of crap." Those Nationals had crossed that ten foot ditch and gone in the field rather than use a sanitary toilet. . . . They're just like animals. Now, mind you, I'm not saying they're all like this. But even if it's just a few in each camp, that's enough to make the camp into a pig sty overnight. . . .[1]

Another way in which braceros' attidudes and traditions seem to influence their use of housing facilities may be mentioned. Several camp managers have reported to the author that they have a great deal of trouble keeping screens in doors and windows as required by the Secretary of Labor's standards and the State Labor Camp Act.

> I don't know what it is, but these birds seem to have a positive allergy to screens. I've spent I don't know how many hundreds of dollars replacing them. In fact I have to hire a maintenance man who does practically nothing else during the summer months but go around fixing door and window screens.[2]

* * * *

> The Nationals kick out the screens, punch them out, do anything to get them out. I pointed this out to the local inspector, and he said, "Things can't really be that bad." I said, "Oh, yeah? I'll tell you what we'll do. There's a brand new screen door. I just had it put in this morning. We'll wait here, and watch, and see what happens." Sure enough, before long, while we were right there watching, some guy comes along and runs right through that door.[3]

It seems to have occurred to no one that this behavior might be explained in cultural terms. Screens are practically unknown in Mexico,

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[1] Interview, January 7, 1957.

[2] Interview, May 3, 1957.

[3] Interview, June 25, 1957.

and to the bracero who encounters them for the first time in his barracks, they probably seem alien and confining.[1]

Still another way may be mentioned in which the bracero's cultural background influences his use of the facilities with which he is provided. In Mexico, with its emphasis on the desirability of machismo or manliness, a very sharp line is drawn between men's work and women's work. No man who values his reputation would consider sweeping floors, making beds, or washing clothes. Yet the bracero is expected to perform precisely these tasks while he is in the U. S. It may be readily understood why he often finds the adjustment difficult, and during the period of adjustment gives observers the impression that he is indifferent to neatness and cleanliness.

There is, then, a small kernel of truth in the view that the quality of bracero housing is conditioned by attitudes, customs, and values held by braceros themselves. But this kernel of truth is quite overshadowed by another truth: the bracero wants above all else to avoid giving offense while he is in the United States. He wants to make himself as inconspicuous as possible. He wants to return home with a clean record so that he will be allowed to return to the U. S. under another contract some day. He would be greatly chagrined if he knew his habits were displeasing to the patrón. It is quite fair to say that as far as housing and sanitation are concerned, the problems created by the attitudes and customs of the bracero himself are relatively minor. By and large, their solution is simple: a modicum of orientation and discipline. Let the bracero know what is expected of him, and with rare exceptions he will respond. A Department of Labor representative said,

> When they first come, you practically have to drag 'em to get washed. They don't have showers, and they don't have hot water in Mexico. Like at old man _____'s place--they have people stationed at the doors of the messhall, and they inspect their hands. Won'e let 'em eat unless they wash their hands. But after they've been in this country for awhile, they begin to use the facilities a little more. . . . At old man _____'s place, he and his family eat right in with the Nationals. So he says, these men are going to eat like decent, civilized human beings. If some guy sits down at the table with his hat on, or eats with his fingers, somebody gives him the word. Oh, you can do a lot if you really want to. Understand, I don't say there's anything basically wrong with the Nationals. It's just that they haven't had the same, well, education we have.[2]

The manager of an Association camp in Los Angeles County explained his solution of the problem:

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[1] This is but one of many points on which orientation of braceros themselves--i.e., an explanation by the employer or his representative of why certain things were being done--would probably make the administration of the program a good deal easier and more effective.

[2] Interview, January 7, 1957.

> The first thing we do when we get a busload of men coming in from El Centro is to get them all together and give them a little talk. It is usually pretty late at night, so we meet in the dining hall. They are hungry, anyway, and we give them a good meal. Well, we give them this little talk. We tell them the way we operate in this camp. We tell them the things they are supposed to do and the things they are not supposed to do. In other words, their obligations which go along with the rights they enjoy here. This is only fair, isn't it?

In this manager's camp, no problem of upkeep was reported. The same informant went on to say,

> When the men first arrive here, we are lucky if we can get them to take a shower on an average of once a week. Many, many of them have never seen a shower before. I recall one time when we happened to be making an inspection of the showerhouse and we saw a man, fully dressed, standing beside one of the shower heads. He would turn on the hot water for a few seconds and stick his hand under it, then he would turn off the water and wait a little while, and then turn it back on and repeat the process. We watched him for some little time wondering what in the world he was up to. Finally, we asked him, "What are you doing?" He looked at us in amazement and he said, "Does it come out hot every time?" Now, after a man has been here for a month or two, he will insist on having his shower every day and there is nothing that you could do to stop him even if you wanted to.[1]

8. Comments and Recommendations

(a) In general outline, laws and regulations already on the books are for the most part adequate, if they are observed. There is no need at this time for any basic revision of existing standards.

(b) In certain details, however, the standards should be strengthened and sharpened. For example: Neither the State nor Federal regulations mention the need for artificial cooling arrangements under certain temperature conditions. Neither regulation specifies the number or quality of blankets appropriate under conditions of cold. Consideration should also be given the possibility of extending the California Labor Camp Code to camps housing fewer than five occupants with perhaps appropriate modifications of the requirements applied to larger camps.

(c) The tendency toward central housing facilities, operated by non-profit growers' associations, should be encouraged. The loophole should be closed which permits an association to "farm out" braceros to fringe camps maintained by individual growers or labor contractors--camps which may not have been reported to the Department of Labor or inspected by the Division of Housing.

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[1] Interview, August 10, 1957.

(d) Authorization to house braceros should never be granted on the strength of a statement by an employer who is completely untrained in housing inspection and who, in serving as his own housing inspector, is subject to an intolerable conflict of interest. Form ES-367 may be elimintated altogether, save perhaps to the extent that it indicates where the employer intends to house braceros, and enables enforcement agencies to send inspectors to the spot well in advance of occupancy by workers.

(e) The "do-it-yourself" approach to compliance is inadequate. This is not to say that the education of bracero-users and cooperation from bracero-users are unimportant. But such an approach should be backed by firmer authority than has characterized the "do-it-yourself" program.

(f) Whether bracero housing standards are to be upheld by an educational program, a program of police power, or some combination of the two, the staffs of the State Division of Housing and U. S. Department of Labor need to be substantially increased, so long as these agencies have primary responsibility for bracero housing standards. At present, there are too few inspectors either to educate or to enforce. The Division of Housing field staff should be increased by at least 50%; the Department of Labor field staff by somewhat more. (That is, unless responsibility is shifted to other agencies, such as health departments. See recommendation "n" below.)

(g) No matter in what agency they function, persons who serve as housing inspectors should be trained in the inspection of housing. They should not be exempted from civil service requirements, nor should they be expected to perform bracero housing inspections in addition to other duties. This is an area of specialization which should properly receive full-time attention.

(h) Bracero camps should be inspected prior to their initial occupancy, with all indicated improvements made and certified before the first bracero moves in. They should, in addition, be inspected periodically thereafter. A camp which is occupied only seasonally each year should be inspected at least once a year, immediately prior to the season of occupancy. Camps which are occupied the year around should be inspected more than once annually.

(i) Inspections should not be announced in advance.

(j) Most braceros are quite willing and able to live up to their responsibilities for the maintenance of housing and sanitary facilities. Most are not informed as to what these responsibilities are. They should be so informed, preferably by the manager of the camp in which they are staying, rather than by a Department of Labor representative or some other third party.

(k) Braceros' folk concepts concerning sanitation, ventilation, etc., should be taken into consideration when it is possible to do so without jeopardizing health and safety standards. When it is not, the reasons for asking new and unfamiliar forms of behavior should be explained with special care.

(l) The enforcement machinery of the International Agreement should be streamlined, yet without laying the employer open to arbitrary or one-man rule.

(m) The need to demonstrate that violations have been "wilful" should be removed from enforcement proceedings.

(n) The lines of authority in labor camp inspection and enforcement should be very much simplified and clarified. The reason we are interested in housing and sanitation in the first place is that they have a good deal to do with health and well-being--not only for those who actually use the facilities but for the entire outside community as well. It appears logical, then, that authority be lodged with the agencies responsible for community health and well-being: state and local departments of public health, and the U. S. Public Health Service. Since many bracero-users' associations operate in half a dozen counties or more, it would probably be difficult to try to cope with the problem through local jurisdictions. The California Department of Public Health, Division of Environmental Sanitation, would perhaps be a satisfactory repository of responsibility for bracero housing standards. And yet the bracero program is, after all, a federal program. To ensure consistency of standards from State to State, and to avoid the difficult administrative situation which has arisen between State and Federal agencies in California's bracero housing program, it might be best, all things considered, if sanitarians employed by the U. S. Public Health Service were responsible for inspection of bracero housing. This is not so radical a departure as it might at first seem, when we consider that the Public Health Service is already deeply involved in the conduct of the bracero program. (See Chapter III.)

(o) The costs of administering an effective program of bracero camp inspections should be borne by the persons who profit from the existence of the Mexican National program. At present, employers pay the Department of Labor $15 for each bracero they contract.[1] This amount should be increased, if necessary, in order for the Department of Labor to reimburse the agency which administers the bracero housing inspection program, whether that agency be the California Division of Housing, the State Public Health Department, the U. S. Public Health Service, or some other agency.

C. Feeding

1. Introduction

Nutrition, including food preparation and handling, are as intimately related to health status as any of the other factors discussed in this report. The ways in which feeding practices may be associated with health are many, including: (1) conditions linked with obesity; (2) deficiency diseases resulting from avitaminosis, lack of trace elements, protein deficiency, calcium deficiency, etc.; (3) loss of vitality, stamina, and resistance to infectious disease, resulting from malnutrition either in

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[1] This money, which amounts to about $7,000,000 per year, maintains a revolving fund from which the Department of Labor operates the five border Reception Centers, reimburses the Mexican government for transportation from Migratory Stations to Reception Centers, and meets other administrative costs. Enforcement costs--i.e., salaries of compliance officers--are not, however, paid from the revolving fund at the present time.

terms of quantity or quality of diet; (4) food infections, such as shigellosis; (5) food intoxications, such as staphylococcus; (6) food poisoning, as, for example, from toadstools or contaminated mussels. All of these, except perhaps the first[1] and the last,[2] are worthy of careful consideration in connection with the operations of the bracero program.

2. Regulations

According to Article 12 of the Standard Work Contract, "The Mexican Worker, within one week after his arrival at the place of employment, shall decide whether he wishes to obtain his meals at the restaurant of the Employer, when the Employer maintains that facility, or whether he desires to prepare his own meals." When an employer has no mess hall, there is no option: the bracero cooks for himself. In all other cases, the bracero is theoretically given the opportunity to choose between eating in the mess hall and eating on his own. In a moment we shall consider the extent to which this freedom of choice operates in practice.

The contract goes on to say,

> The Employer, when he maintains the necessary facilities, shall provide meals to the Mexican Workers on the same basis as he provides such facilities to domestic workers.[3] When the Employer furnishes meals to the Mexican Worker, they shall be furnished at cost, but in no event shall the charge to the Mexican Worker exceed $1.75 for three meals. . . .
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> Where an Employer does not furnish restaurant facilities, he shall furnish, when requested by Mexican Workers preparing their own meals, necessary cooking utensils and facilities, including fuel ready for use for cooking purposes.

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1 Obesity appears not to be a significant problem among braceros, or, for that matter, among the population groups of Mexico from which braceros are drawn. The writer does not recall ever having seen a bracero or prospective bracero who seemed noticeably overweight.

2 The diet of the bracero while he is in the United States (and this is the period with which we are concerned) does not include the types of foodstuffs associated with true food poisoning.

3 The requirement that provisions for braceros shall be comparable to provisions for domestic workers appears several times in the International Agreement and Standard Work Contract. It rests upon a curious misunderstanding of domestic farm labor practices. Persons who drafted the documents presumably intended there be no discrimination against the bracero in quality of perquisites and so forth. In fact, domestic farm workers enjoy almost none of the protections of the bracero, and if there is discrimination in terms of labor standards it is discrimination against American citizens.

Further specifications are provided to cover those cases in which workers elect to prepare their own meals. They need not be dwelt upon here, since, in California, almost no workers cook for themselves. The freedom of choice specified by the contract has been nullified through administrative practice. The officials responsible for policing the program in California are agreed that it is better for braceros to eat in central mess halls than to prepare their own meals. A number of informants discussed this frankly. For example:

> The Nationals are technically given a choice between eating in the camp facilities and cooking for themselves. We do everything we can to discourage their cooking for themselves. As you can imagine, when there are a lot of tiny little facilities scattered around, it makes our job much more difficult. So we put pressure on the employers and as a result many of the Associations are saying to the men, in case the men raise any question, "You eat with us or else." The men don't want the "or else" part of the deal, so there is very little trouble.[1]

The braceros in California who prepare their own meals are limited to a handful working for small growers. Braceros cooking for themselves probably do not constitute more than 1% or 2% of all those in the state.[2]

In several other states, the situation is just the reverse. In parts of Texas, for example, most bracero camps are former "wetback" camps, with a minimum of facilities. Growers in these areas are not accustomed to feeding their workers. The bulk of the men, therefore, board themselves.

There are several reasons why it is rare for braceros to board themselves in Caliifornia, or even to be given the option of boarding themselves. One reason is that centralized feeding arrangements are well adapted to the growers association system, which is much more highly developed in California than elsewhere. Another reason, implicit in the quotation directly above, is that officials responsible for the program in California find it much easier to supervise a few large central dining facilities than thousands of scattered crews, each with its own tiny dining facility. A third reason, and perhaps the principal one, is that enforcement agents are convinced braceros tend to eat better when meals are provided by the employer than when they prepare them on their own.

This third argument has considerable merit. A man who has worked hard all day in the fields can hardly be expected, upon his return to camp in the evening, to expend the time and energy required to prepare a well-rounded meal. The temptation is almost irresistible to limit himself to those dishes which are quickest-cooking and easiest to prepare; these are

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[1] Interview, June 21, 1957. Presumably the "or else" refers to repatriation.

[2] In the course of his investigation in 1955-56, Dr. Galarza visited camps with a combined population of approximately 10,000. He found only ten men who were preparing their own meals. See Ernesto Galarza, Strangers in Our Fields, U. S. Section, Joint United States-Mexico Trade Union Committee; Washington, D. C., 1956, p. 44.

not invariably the most healthful which might be chosen. And, as one of Taylor's informants expressed it,

> I prefer boarding, on the whole, to eating meals by yourself or with some others. You are always sure you will eat and you nearly always get enough. If you go it alone, it always takes some time and I would rather have that time to spend smoking and resting in the evening. When I am through with my work I want to be through and not have to work more even if it is for myself.[1]

A further argument against braceros cooking for themselves is that most are unqualified to do so. In the United States, many men take pride in their culinary talent, even if it is limited to steaks or salads. In Mexico, there are no such "male specialties." Cooking is women's work. The same is true of marketing. Unless he has had a very unusual background, the average bracero is quite unprepared to purchase the foodstuffs his diet requires, or to prepare them in a palatable and nutritious manner. Observation in the few camps where braceros cook for themselves suggests that when thrown upon their own resources, braceros tend to lean heavily toward such foods as soda crackers, canned sardines, cinnamon rolls, canned beans, and soda pop.

Even assuming there were in every group of braceros one man trained in the cookery of his region of Mexico, there would still be reason to think the "do-it-yourself" approach leaves something to be desired. Cooking and eating practices in Mexico are not necessarily good practices from the nutritional point of view. A Mexican National now in the United States on a visa said,

> Down in Mexico, you know, they are very poor. There are lots and lots of farmers who are still paying their workers maybe 8 pesos a day. That's about sixty-five cents. It should be a crime, but they are getting away with it. The results--well, you try it. Let's say you have a wife, and five or six kids, and probably your father and mother to support. You mustn't forget the mother and father. Well, on that kind of money you will probably be able to have only one meal a day. That is very common in Mexico. And that one meal will be very simple. No meat. No fruit or vegetables. No milk. Just frijoles and chiles. Maybe tortillas if they are lucky.[2]

A man who has grown up on such a diet will, if left to his own devices, often continue to adhere to it in major respects, even if the original economic reasons for the diet are removed. As the Del Villars point out,

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[1] Paul S. Taylor, Mexican Labor in the United States (University of California Publications in Economics, Vol. 2, No. 7); Berkeley, California: University of California Press, 1932, p. 99.

[2] Interview, August 15, 1957.

> In Mexico it is not always poverty that causes people to eat badly; sometimes they just do not know any better. We ate with many people who had herds of cattle or fields of palm trees, and who ate like paupers. . . .[1]

The final argument against permitting braceros to cook for themselves is by all means the most important. The motives of the men who seek contracts to come to the United States tend to be undimensional and overwhelming. They wish only to make as much money as possible while they are able to do so. When permitted to cook for themselves, there is an obvious temptation to save money by cutting down on expenditures for food.

The system works as follows: the employer deducts $1.75 per day from wages, for board. If his men board themselves, he is permitted to retain $0.25 per day for the cost of the fuel, utensils, and cooking facilities he provides. $1.50 per day is returned to each man for the purpose of buying food. According to Article 12 of the Standard Work Contract, the Secretary of Labor, through consultation with the U. S. Department of Agriculture and the Mexican Government, is supposed to determine the sorts of diets "necessary for performing arduous labor." In the first six years of Public Law 78 no such determinations were made. Finally, in 1957, the Department of Labor issued some "suggested menus" which are only occasionally followed even today.

When it is to the direct economic advantage of the worker to spend as little money as possible for food, the results may be literally fatal. A medical officer of the California State Department of Public Health related the following:

> I was called upon to investigate the death of a Mexican National in San Mateo County. Inquiry showed that this man had been in the United States six months, and that during that time all he had had to eat were tomatoes, which he got from the fields where he was working, and yeast, which apparently he had heard somewhere was good for him. Oh, yes, he also had some beer occasionally, but only in moderation. This was a young man, 26 years old, who as far as we know was in perfect health before he came here.
>
> I investigated another Mexican National death near San Jose. This was another case of a young man who died mysteriously. No signs of violence, no signs of illness. Well, it turned out that all he had been eating was a pail of pears a day--geeen pears. He was working in pears at the time, you see, and didn't have to pay anything for them. We ruled out the possibility that he could have died from the cumulative effects of the poison the pears had been sprayed with. It appeared likely that this man had simply starved himself to death.[2]

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[1] Mary and Fred Del Villar, Where the Strange Roads Go Down; New York: Macmillan, 1953, p. 155.

[2] Interview, September 27, 1957.

There are good reasons, then, why enforcement agents have seen fit to ignore the specifications of the Standard Work Contract. But the fact remains that these specifications are part of the regulations governing the program. It is true, too, that many braceros would like to be given, but are denied, the opportunity supposedly afforded them to board themselves. A bracero told Galarza,

> There are 40 men in the camp and everybody is in accord that (the board) is too expensive for our wage. We discussed this in the bunkhouse and it was resolved that eight men should ask the contractor to permit us to prepare our own meals. We spoke with the foreman and then with the contractor. The cook was there also. The contractor said we would waste much time preparing our own meals. Also he said he would have to charge us $1.75 a day anyway because the contract gives him the right.[1]

Another of Galarza's informants said,

> We asked the contractor to permit us to provide our own meals and asked him to allow us some stoves. He said it is absolutely not permitted for the men to do their own cooking.[2]

One of the interesting aspects of these quotations is the casual reference to contractors who were evidently operating the bracero camps in both cases. According to Article 36 of the International Agreement between Mexico and the United States, intermediaries operating for profit are prohibited from participation in the bracero program. As we shall see in a moment, this Article appears to be ignored more often than it is observed.

3. Standard Operating Procedures

The master contract stipulates that meals are to be furnished at cost, or for $1.75 per day, whichever is less. Every bracero feeding facility in California charges $1.75 per day for board. What was intended as a maximum figure has become a standard figure. This is proper if the food and labor which go into the meals actually cost the employer $1.75, or more. In cases where they do not, the law is being violated.

It would be an optomistic observer indeed who held that this aspect of the regulations governing the bracero program is observed more than occasionally. One informant, a Department of Labor representative in a Southern California county, said,

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[1] Galarza, op. cit., pp. 43-44. The contractor had apparently misread the contract.

[2] Ibid., p. 43. Another case in which a contractor was evidently not totally familiar with the contract.

> I have been in plenty of camps where just looking at the mess hall invoices were enough to make you physically sick. They would consist of things like pigs' snouts, pigs' ears, green tripe, neck bones, pigs' jowls, pigs' tails, and once in a great while for a special treat, maybe some hamburger. There was one camp which was feeding the men this kind of stuff day in and day out, where we finally took the men away from them. We gave them repeated warnings and told them to start feeding better, but they didn't do a damn thing about it.[1]

There are three principal methods by which bracero mess halls are operated. First, they may be operated directly by the employer. Only rarely is this done by individual growers. As one of them put it, "After all, we are in the farming business, not in the restaurant business." Farming corporations on the other hand, rather frequently maintain their own bracero feeding facilities. Growers' associations which maintain centralized housing facilities are, technically, "the employer" of all braceros contracted under their aegis. Association camps usually operate their own kitchens and mess halls.

The second principal method by which braceros are fed is through arrangements between the employer (whether an individual, a corporation, or an association) and a commissary company or catering service. Such arrangements are found for the most part only in large bracero camps, or, in a few cases, in strings of small but juxtaposed camps.

The third, and apparently most common bracero feeding practice, is for the employer to turn over the mess hall as a concession to a labor contractor or crew leader. This practice may be found in camps ranging from the very small (where the contractor himself does the buying, preparing, and serving) to the very large (where the contractor may employ a number of what are in effect sub-contractors).

It is essential to distinguish between these different types of operations. The individual grower who provides board for the braceros he employs may do so with the best of will, but is often handicapped by inexperience. One grower, for example, told us,

> When I used to have 150 or 200 Nationals down here at my own camp, it seems like I would worry more about feeding them than I did about my tomato crop. I used to eat down there with them practically every night. When I figured it up at the end of the season, it always turned out that I had spent 25 to 50 cents more per man than the $1.75 a day I was charging them.

It is scarcely conceivable this grower could have spent $2.00 to $2.25 per man per day if he had availed himself of the efficiencies which are possible in a mass feeding operation. Additional evidence bearing on this point will be developed later in this chapter.

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[1] Interview, May 8, 1957. The employer in this case might have been held in non-compliance not only on the ground of substandard feeding but of profiteering from feeding--i.e., not feeding "at cost."

The corporation farms which operate their own feeding facilities are in a position to realize efficiencies from the size of their operations. In some cases, the resulting savings are converted into improved menus. In other cases, corporation mess halls appear to be operated with different purposes. One of our informants said,

> My uncle is manager of the _____ Company, which grows a lot of row crops down in the Salinas Valley. He's used nothing but Nationals for years. One time I asked him, "Why do you prefer Nationals, when you've got to pay their transportation and insurance and everything?" He said, "We get that back, and more, from boarding them."

The Growers' Association which provides its own feeding is likely to furnish better food than any other arrangement. The association is incorporated not for profit. The camp is managed by salaried personnel whose sole responsibility is to the grower-members of the association. That responsibility consists of getting competent workers to the right places at the right times and in the right numbers. There is comparatively little incentive for the management to cut corners on food. One manager of an association camp related the following experience, the first portion of which anticipates what we shall shortly have to say about concessionaires:

> When I first came in here about three years ago, the food was being provided by a commissary outfit which was hired by the association. I was busy with so many other things that for the time being I was willing to go along with them, although I had gotten wind of one or two things which made me suspicious, so I told them that they had better get on the ball. Well, things rode along until one night when I got through working in the office and stepped out into the yard of the camp here. It seemed like every man in camp was gathered there, and kind of muttering among themselves. I asked them what seemed to be the trouble. They didn't say a word. They just held out handfuls of worms for me to see. I said, "Where the hell did you get those?" They told me they had gotten them out of the meat they had been served that night. Well, by God, that really broke it. I went right back into my office and called the people on my Board of Directors. With their approval, I fired the commissary outfit on the spot, and said I would try my own hand at the feeding of the men to see if I couldn't do a better job. To be frank with you, I had never had any experience along these lines in my life. But I tried to make up for lost time. For thirty straight days, I worked from three o'clock in the morning until midnight. I brought in some experts, dieticians and so forth, and I paid them $100 a week just to tell me what I should do. Well, in this way, we caught on pretty fast. The association is still feeding the men, and having nothing to do with third party interests, and there have been no complaints. I draw up the menus, and order the food. The work in the kitchen is done by Nationals.[1]

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[1] Interview, July 13, 1957.

A few dinner menus from this particular camp may be cited:

Friday Feb. 15, 1957	Saturday Feb. 16, 1957	Sunday Feb. 17, 1957
Fish	Menudo (tripe)	Round Steak
Spaghetti with cheese	Sopa de fideo (vermicelli)	Rice
Beans	Beans	Beans
Lettuce salad	Corn tortillas	Lettuce salad
Corn tortillas	Punch	Corn tortillas
Punch	Pears	Punch
Fresh pears		Canned plums

Monday Feb. 18, 1957	Tuesday Feb. 19, 1957	Wednesday Feb. 20, 1957
Short ribs with chile	Oxtails with chile	Meat balls
Sopa de fideo	Spaghetti with cheese	Spaghetti with cheese
Beans	Beans	Beans
Lettuce salad	Cabbage salad	Corn tortillas
Corn tortillas	Corn tortillas	Punch
Punch	Punch	Canned sliced apples
Jello	Canned plums	

These menus are perhaps not optimum in every respect. For example, the only beverage supplied was "punch" which the author can attest from experience contains no fruit juice, but is artifically flavored Kool-Aid, rather less sweetened and more diluted than most. Several of the other dishes listed in the above menus are not to be taken at their face value. The "short ribs," for example, are in fact beef plate which is so fat that few of the men are able to eat it. But, taken by and large, the diet appears wholesome and adequate--assuming that quantities of the items offered are sufficient to go around, and assuming the men in camp actually avail themselves of what they are offered. We shall return to both of these two points.

The San Francisco Regional Office of the Department of Labor, which supervises the bracero program in California and Arizona, has formed a Foreign Labor Operations Advisory Committee (FLOAC), consisting of representatives of the major bracero-users' associations in the region. The principal function of FLOAC appears to have been the formulation of bracero feeding standards. Through its efforts, the majority of the large associations in California at the present time probably provide diets comparable to that of the association cited immediately above.[1]

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[1] See Foreign Labor Operations Advisory Committee, "Report on Bracero Feeding Standards," n.p., n.d., pp. 8-30.

Neither the Advisory Committee nor the Department of Labor itself, however, has any clearly defined authority to control the manner in which the men are fed in California's 5,000 bracero camps. All feeding standards issued to date have been "suggestions" only. At the time of this writing, there is no parallel in the feeding program to the Secretary of Labor's minimum standards which govern the housing of braceros.

In the second principal type of feeding arrangement for braceros, the grower contracts with a professional caterer or commissary service. He turns over to the concessionaire the $1.75 per day which is collected from each man. The concessionaire plans menus, purchases commodities, and hires whatever kitchen help is required.

In some instances, this use of companies operated for profit leads to serious abuses, as in the case of the worm-infested meat, cited above. It is the author's impression, however, that commissary companies are fairly conscientious, and the larger the company the more conscientious it is likely to be. A small caterer, who has perhaps gone into business solely as an adjunct of the bracero program, has no reputation to lose, and may feel that in view of the somewhat unpredictable nature of the program, he must make whatever he can, in whatever way he can, while the making is good. On the other hand, a large catering service, such as the Stewart-Hill Corporation[1] does industrial catering and many other kinds, was in business before the bracero program began, and expects to remain in business regardless of what becomes of the program. Furthermore, the larger the company, the greater its buying power, and the better it can afford to feed men on $1.75 per day while maintaining a "reasonable rate of profit." (It will be remembered the program's legal documents view any profit as unreasonable.)

Some men in camps served by catering companies, then, are fed well; some are fed indifferently; some are fed badly.

The third principal method of feeding braceros permits broader and more certain generalizations. This is the method in which the owner of a camp turns over the actual operation of the camp, including the kitchen and mess hall, to a private party--usually a labor contractor. Prior to the great expansion of the bracero program in 1954, many growers were dependent upon labor contractors, legitimate or otherwise,[2] for their labor supply. The International Agreement specifically forbids the participation of "intermediaries . . . operating for profit" and puts contractors in a difficult position. Having worked in agriculture all their lives, they are ill-equipped to move into other types of work. In many cases, their old friends, the growers, come to their aid and give

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1 This organization caters to many bracero camps in California and Arizona.

2 According to the State Labor Code, all labor contractors were and are required to register with the State Department of Industrial Relations and post a bond. It has been authoritatively estimated that fewer than 40% are actually registered. See Governor's Committee to Survey the Agricultural Resources of the San Joaquin Valley, Agricultural Labor in the San Joaquin Valley, Sacramento, Calif.: State Printing Office, 1951, p. 177.

them positions on the fringe of the bracero program. They fulfill many of the same functions today that they did when they were leading crews of Mexican-Americans or "wetbacks." But today, of course, they are no longer called labor contractors. The grower probably calls the contractor his "foreman," or "camp manager." To the braceros, the contractor is usually known as a mayordomo.

Even more noticeably than in the case of catering companies, the mayordomos of small camps are given a free hand by the growers. Very often, the bracero crew is viewed by the grower in the same way "wetback" crews were formerly viewed--as the personal fief of the contractor. The grower asks no questions, so long as his crops are picked on schedule. Mayordomos' opportunities for profit tend to be limited only by their own ingenuity.

Their ingenuity operates in many ways. A Mexican-American who had spent considerable time in bracero camps reported,

> The men in the camp here say they are pretty unhappy about the food. It seems that the cooks in the camp prepare a large quantity of one particular kind of food and they serve that dish every meal for three or four days straight. You can see that this saves them a lot of work, but the men don't like it too much. They get quite tired of having macaroni, for example, every meal for three or four days in a row.[1]

A compliance officer told us,

> The worst chiselers of all are the local Mexicans who take over the mess hall concession in many camps. Frequently these guys are spending only 40 to 45 cents a day per man for food. Even after you allow a reasonable amount for fuel and utensils and kitchen help and so forth, you know darn well that they are making a minimum of a dollar per man per day in pure profit. Brother, that is a nice little chunk of cash if you have a camp with a hundred men in it.[2]

A Spanish-speaking trade union official said,

> In my judgment, in camps of this type, the average cost per day, per man, for three meals was somewhere in the neighborhood of fifty cents. I have seen the food. I have eaten it. Let me give you a typical daily ration. I checked this with a group of braceros in a fringe camp near Stockton. I spent two days with them. In the morning they got a cup of coffee, two tortillas and an egg. Then at noon they had a cold lunch: two sandwiches--lettuce and tomato, and peanut butter--an orange, and coffee. For the evening meal, they had soup, rice, beans, four tortillas, and coffee again. Filling foods, maybe, but awfully cheap. Somebody's making a lot of money[3]

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1 Interview, July 17, 1957.

2 Interview, May 8, 1957.

3 Interview, December 24, 1956.

The author ate lunch in a camp in the San Joaquin Valley in which no coffee or milk was served. There was not even any water. The braceros were thirsty from cutting asparagus in the sun all morning. There was only one way for them to slake their thirst. In the corner of the dining hall was a soft drink machine. Every man in that camp bought a soft drink to go with his lunch, at a cost of 10 cents. In another camp, which the author visited during the evening meal, the same thing was done. In effect, these men were paying, in addition to the standard deduction of $1.75, an extra 10 cents or 20 cents a day for their food.

Another technique employed by some contractors consists in limiting the quantities of food available. If Mexican consular representatives or Department of Labor compliance officers inspect the invoices of purchases or records of past menus, the types of foodstuffs furnished usually appear to be of acceptable quality. But, unknown to the inspectors, men may be going hungry on these diets. For example, the writer visited one camp, at the noon hour, in which the meal consisted, at the outset, of goat meat, hot sauce, tortillas, beans, and chopped cabbage without dressing. There were approximately 60 men in the camp. By the time half of the men were served, the goat meat was gone. Another ten men, and the tortillas were gone. Shortly thereafter, the beans were exhausted. The last several men who had lunch had to be content with chopped cabbage and chili sauce.

It is curious that growers are in some cases willing to tolerate grossly substandard feeding on the part of the contractors who provide their workers. As one of our informants put it, "There is the old theory that if you have a mule the best way to get good work out of it is to feed it good grain. You would think the same theory would apply to braceros." Yet this observer interviewed a crew of braceros who had been going out to work every morning without breakfast because all they had been served were sour beans. Their productivity was naturally lowered. Some of them had to stop work in the middle of the morning and rest until lunch. Under the piece rate system of payment, lowered productivity such as this does not affect the grower's labor costs, but only the worker's earnings. And, of course, the contractor actually benefits from the increased number of men, each, of whom represents a substantial daily margin of profit.

Whatever method of feeding is employed, the costs to the person providing the feeding may be divided into two parts: costs of materials, and overhead. We have already commented on food costs. The principal item of overhead is labor. The associations which feed their own Nationals commonly make use of a practice which gives them an advantage in this regard over catering services and commissary companies. The associations employ braceros as kitchen help at the same wages they would be earning if they were in the fields--i.e., approximately 80 cents an hour. Associations have been given permission to do this on the grounds that they are directly engaged in the production of agricultural products and therefore anyone who works for them in any capacity is ipso facto similarly engaged.

Professional caters are not supposed to enjoy a similar advantage. Theoretically they do not employ braceros as cooks, and dishwashers.[1] To

[1] The author has visited several caterer-operated bracero kitchens in which braceros were employed at field wages.

the extent they abide by the rules, their labor costs are somewhat higher than those of associations.[1] The higher labor costs of the caterers mean that a proportionately smaller share of the $1.75 per day which each bracero pays is spent on food. The savings in overhead which the associations enjoy are presumably passed on to the braceros in the form of more and better food.

Labor costs are handled still differently in the small camps. Here, there is usually no one in the kitchen who is working for a wage. The person who has the concession does the work himself, assisted by unpaid members of his family. Labor costs are lower than in either the association or commissary system. The savings are not, however, passed on to the braceros, but are retained by the contractor. As one informant remarked, "It is a strange and wonderful thing to see how eagerly the contractors compete to participate in a non-profit undertaking."[2]

The author has talked with no enforcement agent who appeared to take seriously that phrase of the Standard Work Contract, Article 12, which reads "meals . . . shall be furnished at cost." A Department of Labor representative in Southern California said,

> These guys (contractors) are entitled to make a living. When they take 25 cents a man or 50 cents a man per day off the top, I figure that's legitimate. It's when they get greedy that I step in and say a word. When they're spending only 50 cents a day, say, and putting $1.25 a day in their pockets.[3]

A high official of the California Farm Placement Service, at a meeting of growers, said much the same thing:

> Now, I'm going to give you a little word of warning. It won't apply to most of you, I know. But some of you have been cheating on your diets. You've been making 25 or 30 cents a day more than you should have. One grower--he was quite a ways from here, so I can say this--was paying a contractor $1.25 per day to feed his men, while he was charging the men $1.75. The difference in between there he was putting into his wallet. That fellow almost went to jail. They're going to be keeping a closer check on profit-making from now on. We don't say that you can't make a profit. But you can't make an unreasonable profit. Keep it reasonable.[4]

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[1] Domestic workers usually receive at least $1.25 per hour. Some caterers, however, arrange to bring back former braceros under visas to perform kitchen work. The viseros are often willing to work for the same wages they received as braceros.

[2] Interview, December 24, 1956.

[3] Interview, May 8, 1957.

[4] Public address, Hemet, California, April 26, 1957.

In the consideration of "reasonable" profits in the feeding of Mexican Nationals, it is instructive to review the costs of other mass feeding operations. For example, California Institute for Men, a correctional institution in Chino, has an inmate population of approximately 2,000. Following are the menus in this institution during a recent representative three-day period:

Feb. 6, 1959

Breakfast	Lunch	Dinner
Stewed figs	Vegetable soup	Puree of bean soup
Oatmeal w/sugar	Health salad, dressing	Cole slaw
Sausage patties	Fried pink beans	Fried Dover sole, w/lemon & tartare sauce
Fried potatoes, gravy	Whole kernel corn	Buttered peas
Bread, oleomargarine	Harvard beets	Mashed potatoes
Coffee	Bread	Bread
Milk	Orange punch	Cup cake
		Coffee

Feb. 7, 1959

Stewed raisins	Cream of potato soup	Spaghetti soup
Hominy grits, sugar	Cottage cheese	Green onions
Large sweet roll	Italian spaghetti, toasted croutons	Hot beef sandwich, brown gravy
Bread, oleomargarine	Mixed fruit	Diced carrots
Coffee	Bread	Steamed potatoes
Milk	Tea	Bread pudding
		Coffee

Feb. 8, 1959

Half grapefruit	Vegetable soup	Cream of tomato soup
Corn flakes, sugar	Bologna sandwich, w/lettuce	Bronze lettuce w/ French dressing
Fried eggs	Crackers	Fried chicken w/ cream gravy
Bacon	Whole orange	Snowflake potatoes
Fried potatoes	Bread	Green beans
Bread, oleomargarine	Milk	Bread
Coffee		Ice cream
Milk		Coffee

The Business Manager of California Institute for Men purchases all the ingredients of these menus at market value, including those which are produced at the Institute itself. The Business Manager reports that the men are fed for slightly less than 68 cents per man per day.[1] Two points

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[1] Interview, March 10, 1959.

at least, should be noted: (1) This is a minimum security prison, in which all the inmates have jobs--some of them quite strenuous. (2) This prison diet, which is adequate to support an all-male working population for 68 cents per man per day, is superior to that for which the average bracero in California pays $1.75 per day.[1]

Let us examine another type of mass feeding operation. Pomona College, a liberal arts college in Southern California, had 528 male boarders during the academic year, 1958-1959. Following are menus from the Pomona College men's dining hall during a typical three-day period:

May 15, 1959

Breakfast	Lunch	Dinner
Half grapefruit	Pineapple, raisin, and grated cheese salad	Orange and avocado salad
French toast	Egg foo yung	Fried shrimp
Hot and cold cereal	Stewed tomatoes	Scalloped potatoes
Toast, butter, jam	Lemon cake pudding	Fresh frozen spinach
Coffee	Ice cream	Raisin bread, butter
Milk	Bread, butter, jam	Fresh strawberries
	Coffee, tea	Ice cream
	Milk	Coffee, tea
		Milk

May 16, 1959

Orange juice	Lettuce and tomato salad	Pineapple, pear, and grated cheese salad
Rhubarb	Hamburgers	Baked ham
Prunes	Potato chips	Creamed potatoes
Fried eggs	Vegetable soup	Green peas
Hot and cold cereal	Assorted fresh fruit	Rolls, butter
Toast, butter, jam	Coffee, tea	Nectarines
Coffee	Milk	Ice cream
Milk		Coffee, tea
		Milk

May 17, 1959

Oranges	Tossed lettuce salad, roquefort dressing	Lemon jello, pineapple, carrot salad
Waffles	Prime ribs of beef, au jus	Enchilada pie
Hot and cold cereal	Oven browned potatoes	Chicken-rice soup
Toast, butter, jam	Fresh frozen corn	Bread and butter
Coffee	Green gage plums	Canned cherries
Milk	Rolls, butter	Chocolate cake
	Strawberry sundae	Ice cream
	Coffee, tea	Coffee, tea
	Milk	Milk

[1] The only significant difference between the bracero camp and prison feeding situations is that labor costs were presumably somewhat lower in the prison.

The director of dining halls for Pomona College reports that menus such as this cost $1.03 per man per day.[1] It should be noted that unlimited second helpings are the policy at this particular feeding facility. These costs will perhaps seem low to the housewife who might have to spend considerably more than a dollar per person per day feeding her family these types of menus. It should be remembered, however, that an entirely different yardstick applies to feeding 400 men, or even 40, than to feeding a family of 4. As a Department of Labor compliance officer put it,

> The concessionaires who feed Nationals have tremendous savings which are not available to you or me. They buy their staple items, like beans, potatoes, cereal, and flour, not just by the sackful, but by the car lot. When you buy in quantities like this, you unit price becomes very cheap. Even perishable items, like eggs or produce--they'll buy fifteen or twenty cases at a time, direct from the wholesaler. Or, better yet, from the producer. You don't think a citrus bracero camp buys its oranges from the corner grocery, do you?[2]

The following conclusion seems inescapable: it is difficult to spend much more than a dollar per person per day in mass feeding, even when such feeding verges on the luxurious. Feeding in Mexican National camps does not verge on the luxurious. Therefore, present interpretations of bracero feeding policies contain what amounts to a built-in guarantee that operators of bracero camps shall realize a profit approaching one dollar, or perhaps even exceeding it each day from each man in camp.

Indeed, this is clearly reflected in the "Instructions and Menus for Feeding Mexican Workers" issued by the U. S. Department of Labor in 1958. If a bracero camp operator followed these instructions to the letter, he would be spending less than a dollar per day per man for food. Probably not even the Department of Labor itself would claim that more than a few operators follow its instructions to the letter.

It is possible to understand, then, why contractors compete vigorously with one another for the privilege of engaging in an enterprise in which, theoretically, there is to be no profit.

4. Food Preferences

In the realm of diet and nutrition, as in other areas which we have discussed and shall discuss, the bracero himself plays an important part in determining the extent to which the intentions of the International Agreement and Standard Work Contract are carried out. In the final reckoning, it is only the individual bracero who can ensure that he actually consumes an adequate diet. The best that employers, contractors, concessionaires, cooks, and enforcement agents can do is see that good food is placed before him. Whether he eats it or not is another matter.

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[1] Interview, May 13, 1959.

[2] Interview, May 8, 1957.

In the early years, the bracero program was conducted by men who, in the words of one of them, "didn't know a damn thing about what they were doing." At the time the program was new, the manpower pool on which the government could call for administrators was very shallow. Persons were given positions of authority in the bracero program who spoke no Spanish, who knew nothing of Mexico or Mexican customs, likes or dislikes. The pioneering contract workers of those days were apparently fed a typical American diet.[1] The authorities were non-plussed when the food often went uneaten. They could only attribute the braceros' apparent lack of appetite to homesickness--or perversity.

Wartime shortages were a complicating factor, as an informant said:

> During World War II, many of the camps couldn't get hold of the staples of the Mexican diet even if they wanted to. What with restrictions of one kind or another, you found most of them feeding their men on such things as salami, bologna, hot dogs, and so forth. You found that the men were getting upset stomachs all the time from this kind of food.[2]

There is something of a carry over from wartime practice even today in some areas. In much of the San Joaquin Valley, for example, it is still the practice to give braceros sandwiches for lunch. In October 1957, the author visited a camp near Stockton, which contained over 1,000 men at the time. For lunch, each man received a half-pint of orangeade and two bologna sandwiches.[3] Braceros who have been in the United States for a long while have perhaps reached the point where they are able to eat bologna sandwiches. In this camp, such men were certainly in the minority.[4] To most braceros there are at least four things wrong with bologna sandwiches. In the first place, Mexicans are accustomed to hot dishes for lunch. Secondly, many of them are unaccustomed to bread--white bakery bread in particular. Thirdly, they do not like the flavor of bologna. Fourthly, they do not care for foods as dry as these.

As a result, when bag lunches consisting of sandwiches are provided, one of two things often happens. The entire lunch may go uneaten, the men making a meal of whatever crop they happen to be harvesting at the time.[5] Or, when a man is unusually hungry, or partially acculturated, he may eat the bread and throw away the filling, or eat the filling and throw away the bread.

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1 During the World War II program, the U. S. Government operated bracero camps and fed braceros without cost to the employer.

2 Interview, August 13, 1957.

3 As a minor point, perhaps, it may be noted that these sandwiches consisted only of rudiments. There was no mayonnaise, mustard, butter, relish, or lettuce.

4 This was a "tomato camp." Tomatoes are a highly seasonal crop. Practically all the men in this camp had only six week contracts.

5 If they are working in cotton or some other inedible crop, they often go hungry. Sometimes a store will be within walking distance of the field, in which case they may buy candy bars and the like.

The effect of cultural preferences may also be seen at breakfast. In rural Mexico, breakfast is customarily a light meal. Coffee and pan dulce (sweet bread) are often the only items taken.[1] Some of the contractors who operate bracero dining facilities for a profit quickly learn of this custom and cater to it. In other camps, hearty breakfasts are provided. The author has visited association camps in which the breakfast menus included dry cereals, pancakes, scrambled eggs, and other standard American items.[2] These things are ignored by many of the men. Indeed, when interviewed, some men complained about them. When a bracero wants eggs, he often wants them raw,[3] or ranchero style.[4] When he wants cereal, he usually wants it cooked, heavily sweetened, and flavored with cinnamon.

The bracero has definite preferences at dinner, too. He is likely to be fond of pastes--spaghetti, macaroni, vermicelli, noodles, etc.,--but he is accustomed to having them prepared differently than is the custom in the United States. If paste is cooked in plain water, rather than broth, the bracero complains that it lacks flavor. Rice is another food well liked by most braceros, but here, again, plain steamed rice of the sort Americans are accustomed to seems quite without character to the Mexican.

Potatoes are apparently served less often in bracero camps than are other basic sources of carbohydrates. This is not, however, because braceros do not care for potatoes. Indeed, the following results were obtained when a sample of braceros was asked, in connection with the present study, "If you had your choice, which would you prefer: potatoes, macaroni, or rice?"

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1 This "continental breakfast" is also common in other areas and classes than those from which braceros are drawn.

2 However, bacon and sausage have never been observed by this writer in any bracero camp.

3 They are considered by the men as much a tonic as a foodstuff. (Interview, June 23, 1957.)

4 Fried, topped with a piquant sauce. There is nothing in the average bracero's experience to prepare him for the type of eggs he usually encounters in California labor camps: powdered eggs reconstituted and scrambled.

Table 14

Food Preferences of 1,057 Braceros

Preference	Number	Per cent
TOTAL	1,057	100.0
Potatoes	392	37.1
Macaroni	63	5.9
Rice	292	27.6
Potatoes and macaroni	11	1.0
Potatoes and rice	12	1.1
Macaroni and rice	2	0.2
All three	249	23.5
None	32	3.0
Don't know	4	0.4

Tortillas, chiles, and beans are the rod and staff of life to most Mexicans of the poorer classes. Beans have been very much in evidence, often three times a day, at virtually all the bracero camps the author has visited. Chiles and tortillas are another matter. The bracero likes a bowlful of raw chiles verdes (green chiles) on the table, which he can eat with his other food, ad libitum. In some camps he is given this opportunity at every meal; in others, rarely if ever. Similarly, in some camps, braceros are never served tortillas. Operators of bracero mess facilities sometimes prefer to serve bakery bread rather than tortillas. In such camps, the men may make an effort to eat the bread. White bread is for the most part a prerogative of the upper class in Mexico, where it is a symbol of status.[1] Some from the clase humilde may derive a certain amount of pleasure from eating it, quite apart from its intrinsic merits. But this sort of pleasure is self-limiting. The novelty wears off, and the men for the most part look elsewhere for means of filling "the corners of their stomachs." A few apparently learn genuinely to like white bread. Others, such as those who are in the U. S. under very brief contracts, do not.

In larger camps, in which an association feeds its own men, the management may have a tortilla machine. One of these machines can make up to 40 tortillas per minute. In a camp of 1,000 men or more, the machine may have to operate practically all day to meet the demand for its product. A caterer who serves 13 camps in Santa Clara County reported that his company assumes the average bracero eats six tortillas per meal.[2] The managers of two large association camps in Southern California estimate

[1] In many homes, according to reports, white bread is placed on the table at every meal, for its status value, but is not eaten save perhaps by an occasional guest. Even well-to-do Mexican families evidently prefer other starches.

[2] Interview, December 26, 1956.

their men eat an average of fifteen tortillas per day.[1] One said,

> We had a guy in here last year who had such an appetite we used to go into the dining hall at meal times just to see him eat. He was always good for at least a dozen tortillas every meal. That was in addition to all his other food, you understand. We didn't mind it. He was just one hungry hombre. It all averages out. We enjoyed it, in fact. We really got a kick out of seeing that fellow stowing it away.[2]

Braceros seem generally to be quite fond of fruit. Bananas, apples, and oranges are the varieties which are most commonly offered. The men often supplement what is provided them in the mess hall. Among braceros who are working in navel oranges, for example, it is not unusual to see a man return from work with two or three dozen oranges which he keeps beside his bunk and eats between meals.

On the other hand, braceros do not appear to be particularly fond of vegetables. The staples, corn and beans, are, of course, exceptions. But the green, leafy, and yellow vegetables recommended by nutritionists are not generally found in the Mexican diet. Bracero camps often serve cabbage and lettuce because they are relatively inexpensive, and some of the men become accustomed to them. By and large, however, vegetables which are commonplace in the American diet are unappealing to the bracero. Mexican Nationals working in asparagus, cauliflower, artichokes, broccoli, and so forth, usually return to Mexico without ever having tasted the fruits, so to speak, of their labors. And, in most cases, probably without ever having felt any particular desire to do so.

In the typical diet of rural, impoverished Mexico, meat, as it is commonly understood in the U. S., plays only a small part. Festival days or special occasions may be exceptions, but most days are meatless days. Most braceros are probably familiar with the principal types of meat--beef, pork, chicken, fish, etc.--but are apt to regard any of these as a special treat. They do not feel that they should be served meat in U. S. camps as a matter of right. And, often, they are not.

Most bracero camps serve "solid" meat relatively rarely. When they serve meat at all, it is usually the sort to which braceros are accustomed in Mexico--the sort which is called "variety meat" or "organ meat" in the United States. The bracero is apt to feel at home with tripe, oxtails, pigs' feet, and even the intestines of cows and sheep. He might well be taken aback if confronted by a medium rare filet mignon or loin lamb chop.

In the better camps, variety meats are alternated with somewhat more luxurious fare, such as chicken fricassee and hamburger patties. Most braceros seem to enjoy these dishes, even when they are prepared in the American style rather than the Mexican.

There is, of course, nothing wrong with meats comprised of viscera and appendages. If braceros relish tripe, there is no reason why they

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[1] Interviews, July 24, 1957, and August 12, 1957.

[2] Interview, July 24, 1957.

should not be served tripe every week or two. But it may be observed, first, that braceros, in common with everybody else, will probably tend to show more interest in their food if their diet is varied. The diet in many camps tends to be markedly monotonous. Secondly, it is doubtful that tripe and pigs' feet are quite such good sources of protiens as red meats.[1]

Milk is a food of which most braceros are very fond. It is, by an unfortunate turn, a food which is little served in most bracero camps. A half-pint a day seems to be the average. In many camps, it never appears in the diet at all. Milk is one of the several items of diet which braceros frequently buy on their own. Sweets are another. The author has never visited or heard of a bracero camp in which cake, pie, ice cream, or other sweet desserts were served routinely. Yet the average bracero has a well-developed "sweet tooth." When he craves sweets, he buys them at a store, which, more likely than not, is operated by the same contractor who provides the meals. One informant, after recounting some of the shortcomings of bracero diets which he had observed, said,

> The men often try to keep body and soul together by buying candy bars and things like that in grocery stores. Quite often a group of braceros in a camp will pool their cash and one man will shop for the group, once a week, maybe twice. They will walk to the nearest town, three or four miles over and back, to buy things--mostly milk. They have a great yearning for milk. They will buy this milk on their own. Many braceros told me it cost them from 50 to 75 cents a day, in addition to their deducted charge for food, in order to supplement their camp diet.[2]

By way of summarizing this discussion of braceros' food preferences, it is probably safe to say that the operators of mess halls in most bracero camps make some effort to provide food similar to that the men have known and liked in Mexico. In some cases, this effort is confined largely to employing Mexican Nationals themselves to do the cooking. Such a practice may or may not achieve the desired end. Most braceros have been field laborers all their lives and are quite unfamiliar with the culinary arts. Those who are chosen for work in the kitchen are

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[1] The variety meats which are known to be exceptionally valuable nutritionally, such as liver and heart, are little used in bracero camps by comparison with those which have been mentioned.

[2] Interview, December 24, 1956.

are usually no different, in this regard, from their fellows.[1] Some, no doubt, become fairly proficient chefs in the course of time.

In a few camps, Mexican women who are in the United States on visas are employed to supervise the cooking in bracero camps. The results may be salutary. In most camps, however, the cooking is done by a Mexican-American or Filipino labor contractor and his wife, and the results, while perhaps palatable enough by Mexican-American or Filipino standards, are likely to be less than totally satisfactory by the standards of the average bracero.

It is significant that, in spite of the various shortcomings of the food in many bracero camps, most braceros do not immediately think of food, when given the opportunity of voicing their complaints. Other grievances concern them more.[2] They come to this country with extremely modest tastes. When it comes to enforcement of the contract's provisions concerning food, the bracero is his own worst enemy. A contractor may feed his braceros on fifty cents a day, without the men ever complaining to the Consul or the Department of Labor representative about it. To the average bracero, such a diet may seem adequate--or, at least, tolerable.[3]

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1 Kitchen employment is usually assigned on basis other than prior experience in this type of work. Very young braceros, 14-17 years of age, who technically are not supposed to be contracted at all, are sometimes assigned to kitchen work because they are not able to keep pace with the field crews. In a number of cases, braceros who are recuperating from a sickness or injury are given a dining hall assignment until they are physically able to return to the fields. In still other cases, kitchen employment is assigned on a basis of favoritism. A bracero who ingratiates himself with the camp management may be rewarded by a kitchen job. These jobs are less taxing physically than most types of field employment, and although the hourly pay is the same, kitchen personnel often earn more because they work longer hours. It is not unusual for a bracero "k.p." to begin work at 3:00 a.m., and work until 8:00 p.m. or later.

2 Notably wages, as will be seen in the following chapter. There is an interesting contrast here between braceros and other all-male populations such as the U. S. Army, in which complaints about food are apt to be more common than any other type. See Samuel Stouffer, et al., The American Soldier: Adjustment During Army Life; Princeton, N. J.: Princeton University Press, 1949. (Published as "Studies in Social Psychology in World War II," Volume I.)

3 "Professional" braceros, who have been to the U. S. repeatedly, and have some grasp of American values, are occasionally quite bitter about having to pay far more for their food than they know it to be worth.

It is plain that food preferences of Mexican Nationals must be taken into consideration in planning their diet. If such preferences are ignored by buyers and cooks, their food will be ignored by those for whom it is intended. It is equally plain, though, that braceros' food preferences cannot be the only criteria in planning their diet. Since they are accustomed to a substandard diet in Mexico, such a practice could (and sometimes does) lead to their getting a substandard diet in this country.

5. Food Infections and Intoxications

When foods of certain types are improperly handled or stored, "food poisoning" may result.

There are at least three ways in which the very nature of the bracero system fosters this danger:

(a) The relatively large numbers of men, and the relatively small kitchen staff in most camps, make it impossible to prepare meals immediately prior to the time they are eaten. Most of the dishes that make up each meal have to be prepared well ahead of time. This fact need not pose a hazard if two conditions can be met: adequate storage facilities, and knowledge on the part of kitchen personnel concerning the importance and proper use of storage facilities. In some camps, neither condition is met.

(b) Sanitation habits tend to be somewhat primitive, both among the men who prepare the food and the men who consume it.

(c) Braceros customarily work a considerable distance from camp, and have to eat in the fields. Millions of Americans take their lunches to work every day and have no worries about food poisoning. The differences are two: most Americans do not leave for work so early as the average bracero, who leaves at 6:00 a.m. or earlier; most Americans are able to store their lunch in some relatively cool place until it is eaten. Braceros often have little choice but to leave thier lunches in the open sun, or at best under a bush which affords little protection.

Under these circumstances, unfortunate things occur. For example, on February 7, 1955, 37 men working for an association in the San Fernando Valley became violently ill about 4 hours after eating lunch. Symptoms included vomiting, diarrhea, cramps, chills and fever, and dizziness. Medications prescribed included streptomycin, penicillin, dramamine, sodium luminol, demerol, paregoric, milk of bismuth, aluminum hydroxide, tincture of belladonna, and phenobarbital.[1] The Los Angeles City Health Department investigated and found that the lunches, consisting of bean tacos, beef tacos, and sweet bread, had been prepared at 1:30 a.m., and held without refrigeration until eaten at 12:00 noon. The report of the investigator stated, "Mr. _____, Manager of the Labor Camp, was informed that their present method of serving perishable food to the men in the field was inadequate. Several suggestions were made to Mr._____ regarding methods of keeping perishable food at temperatures below

[1] Personal correspondence from attending physician.

50° F. or above 140° F." The laboratory report stated that "coagulase positive, hemolytic staphylococcus aureus were found in the . . . bean taco, beef taco, and Mexican pastry. Contamination appeared to be heaviest in the beef taco and lightest in the Mexican pastry."[1]

On June 17, 1952, 102 braceros at a camp in Orange County suffered staphylococci food poisoning after eating lunch in the field.[2] In another large outbreak of this illness, 259 Mexican Nationals fell sick on August 16, 1953, in a camp near Merced. Newspapers across the country carried the news.

> Hospital facilities in the Merced area were swamped with patients. At least 217 Mexicans were at Merced General Hospital and 42 others were taken to Mercy Hospital. Two men were in critical condition and 15 others were seriously sick. Hospital attendants said the others were "miserable" but in no danger.
>
> The Mexicans went to work before dawn Monday in the Los Baños area on the east side of the San Joaquin Valley. They were employed by the East Side Growers Association. While they were picking peaches, apricots, melons and cantaloupes, their lunch bags were left in the sun.
>
> It was believed that meat sandwiches were to blame. One worker said he fell ill an hour after taking only one bite of his meat sandwich.
>
> By the late afternoon, the workers began complaining by the scores of feeling ill and faint. The victims were rushed by ambulances, autos, flat bed trucks and busses to the hospitals.[3]

As a consequence of such occurences as this, pressure was brought to bear by a number of agencies. The Department of Labor began to demand more rigorous compliance with that section of its standards calling for "safe storage and refrigeration of food in a suitable and sanitary place." The State Department of Public Health recommended that the practice of taking pre-packed lunches into the fields be abandoned. The insurance company which writes non-occupational health and accident insurance for virtually all braceros in California distrubuted a list of "General Regulations for Mess Sanitation," considerably more exacting than anything suggested by the official agencies concerned.

However, none of these agencies except the Department of Labor has any jurisdiction over the feeding aspects of the bracero program. Compliance has been spotty. In some areas, the practice of carrying hot

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[1] Los Angeles City Health Department, Bureau of Food Sanitation, interoffice memorandum, February 10, 1957.

[2] Los Angeles Times, June 19, 1952.

[3] United Press Release, August 18, 1953.

food to men in the fields has been instituted. In others, bag lunches are prepared around 9:00 a.m., and taken to the fields by commissary personnel. Outbreaks of food poisoning have become considerably less frequent as a result of such steps as these. In other areas, little if any action has been taken. Whether sufficient vigilance is being exercised at the present time, is an open question.

It is somewhat surprising that health problems arising from bracero feeding practices are not more frequent. A butcher who had been associated with a bracero feeding operation said,

> I'm not saying anything against the compliance man. Maybe he does his best. But I know one thing. He doesn't know the first thing about meat inspection. He used to come around once in a while where I worked, and never said a darn thing, when to anyone who knew anything about meat, it would have been plain as anything what was going on. I used to work for a store that supplied the bracero camps in the area. We would get an order for seventy-five pounds of pork butts. The boss would come over to me and say, "Mix in 25 pounds of pig tails with 50 pounds of butts. They'll just make stew out of it all, anyway." So, what could I do? I only worked there. We used to get frozen beef from New Zealand or some place like that. I tell you, that stuff was so tough, you couldn't chew it even after we ground it up to make chili out of. Another thing, we used to get boxes of meat from God knows where, and when you opened them up, I swear you couldn't stand the stink no matter how strong a stomach you have. That meat was absolutely green. The boss would say, "Send it out. It'll be all right." Once in a while, the bracero camp would send a box of it back. Then the boss would say, "Sorry; it was a mistake." Boy, I tell you, everybody was making money. When I first started out working for that fellow over in _____, he just had a little corner grocery. Now, he's got a super-market there in _____, and has expanded out into other areas.[1]

Another observer reported,

> A friend of mine up in _____ runs a sick cow business. "Canceroid cows," he calls them. I'd never heard of them until one day he invited me over to watch the auction he runs. He buys up these canceroid cows from dairies around the area. They're the most revolting sight you ever saw--their eyes bugging out, their tongues lolling around, hardly able to stand up. The operators of the bracero camps in the three county area in that part of the Valley come in to buy these things at auction. On the day I was there, this fellow sold 20 sick cows at three cents a pound. I asked him, "Where do they slaughter them?" He said, "Oh, around." I asked him, "Can they pass inspection?" He said, "Hell, no." So I said,

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[1] Interview, April 28, 1959.

"Isn't there a danger the Nationals will get sick?" He said to me "You never heard of a bracero dying of the food he ate yet, have you?" It seems to me someone ought to look into this. I am told that the Mexican consul knows all about it, and hasn't done anything about it. Personally, I am profiting from it, but I still don't like it. I'm an automobile dealer. Last year, I sold 6 cars to bracero camp operators. Those cars cost $6,700 apiece. But I still don't like this sick cow business. They sell sick pigs, too.[1]

6. An Economic Note

Deductions for board represent a first lien against the bracero's wages. When he is paid on a weekly basis, the first $12.25 of his earnings go for food. When he is paid on a biweekly basis, the standard deduction is $24.50. It is not uncommon for braceros to find virtually all their pay consumed by the first lien when, through one misfortune or another, their earnings are low during a given pay period. This seems unfair to many of the men and is the source of considerable complaint.

For example, in the course of our study we encountered a good deal of bewilderment and dissatisfaction over the fact that deductions for board continued even when workers were ill and unable to earn anything at all. Theoretically, the master insurance policy covering braceros in California includes an income protection feature--i.e., $14.00 per week, beginning the second week of total incapacitation. In practice, however, this feature appears to go into effect only when the insured requests it, and most braceros are unaware they have any such protection.[2] Such stories as the following are therefore fairly commonplace:

> I was able to work for the first two weeks I was here and then I was sick for 15 days. . . . I asked if the camp was going to charge me for meals. The camp said I would not be charged for the room but that I would have to prepare my own board. My companions brought me milk and bread from the grocery store and I ate in bed to keep warm. In this way I thought to save the expense of $1.75 a day. Since I could not work I was afraid I would owe a debt to the camp and I would not be able to pay it. . . . When I went back to work I received a check for $1.50 for the two weeks I had worked. I asked how this could be and the contractor told me that I owed for the meals of the two weeks I had worked and for the two weeks I had been sick. My contract will terminate in fifteen more days.[3]

A number of braceros in Imperial County were injured when their truck overturned, and were able to work only two or three days in a two-week period. Their entire pay checks, which ran between $15, and $20,

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[1] Interview, March 14, 1959.

[2] See Table 37, below.

[3] Galarza, op. cit., p. 41.

were taken for board, and they still owed the company money, since a two-week board bill is $24.50.[1]

Another point on which many braceros feel strongly is what appears to be the importation of more workers than are actually required to do the work. Several of our informants volunteered the belief that such overcertification was carried on for the benefit of the persons operating the mess facilities, so they would enjoy increased profits. One bracero, for example, said,

> I was contracted to pick lemons for six weeks. But when I got over there, I was put to work planting tomatoes. I only made enough to pay for my room and board. Some men in that association have not worked for two months. Now that they are working, they only make enough to pay for the board during the two months they did not work.
>
> That association hires 200 men for every 100 they need so that they will be able to charge and make a profit on board.[2]

The significance of the "standard" deduction of $1.75 for board lies in still other directions. The International Agreement says nothing about a minimum wage, but Article 15 states,

> In no case shall the Secretary of Labor make a certification on the basis of any job order which specifies a wage rate . . . insufficient to cover the Mexican Worker's normal living needs. In cases where the condition of a crop makes it impossible for a Mexican Worker working with normal diligence and application to earn enough at the prevailing wage rate to cover his normal living needs, even though working full time, the Secretary of Labor shall conduct an investigation. . . .

In effect, this means that the only guarantee a bracero has when working at piece rates is that he will earn $1.75 a day.

7. Comments and Recommendations

(a) So long as the Standard Work Contract states that all braceros are to be offered a choice between eating at a central mess and boarding themselves, these alternatives should be provided in good faith. When even this one section of the contract is ignored, as is now almost universal in California, the entire law tends to fall into disrepute. The impression is certain to spread among employer, employee, and enforcement agent alike that the contract is not to be taken seriously, and may be evaded with impunity.

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[1] Ibid., p. 42.

[2] Interview, May 22, 1958. We shall return to the question of over-certification in our chapter on wages.

(b) The aforementioned provision of the contract should, however, be eliminated. Theoretically, sufficient guidance could be given to braceros boarding themselves that they would receive a satisfactory diet. Practically, the problems of supervision would be almost beyond solution--and, without supervision, braceros who prepare their own meals tend to receive worse diets even than those who are fed in mess halls operated by the less scrupulous contractors.

(c) On the question of profiteering, two alternatives may be suggested. The first would consist of some form of cost-plus arrangement, with the provisos that quality be maintained and yet that costs, including profit, not rise above a certain level.

Defenders of the present system, who publicly maintain the law is being honored, sometimes privately concede it is not, but ask, "Who will feed braceros if the profit is taken out of bracero-feeding?" One would suppose that human ingenuity might devise non-profit arrangements if there were a genuine will to do so among the administrators of the program. It is important to note that a systematically flouted regulation has demoralizing consequences for the whole program. When growers and labor contractors are permitted to ignore Article 12 of the Standard Work Contract, with the full knowledge of all concerned, respect for the entire contract is thereby diminished among growers, contractors, consular officials, compliance officers--and, perhaps most importantly among braceros themselves. Braceros are increasingly aware that the $1.75 they are required to pay for their daily board yields windfall profits--profits which their contracts plainly state are not to be made. Under the circumstances, it is inevitable that many braceros shrug off the entire contract as nothing more than a piece of paper, and silently endure violations of its provisions concerning other matters, such as wages and hours, working representation, and health insurance.

Certainly, the letter of the contract, which specified that braceros shall be furnished meals at cost, should be enforced so long as this requirement remains on the books. If the feeding program were operated properly, deductions, rather than being a uniform $1.75 throughout the State, would probably range from $.75 to $1.25, depending on size of camp and local conditions.

What is more, if the letter of the law were observed, the participation of all caterers, concessionaires, and contractors functioning for profit within the bracero feeding program would be brought to an end. No one should be involved in feeding braceros who is rewarded financially for cutting corners. As a matter of fact, it should be possible to devise an incentive system which would recognize those who fed their men best. All buyers, cooks and others involved should be salaried.

(d) The grower who employs fewer than, say, 100 braceros would probably not be able to meet the above conditions. The further development of the association system is indicated.

(e) All bracero feeding facilities should be required to maintain accurate books on income and outgo, which should be periodically audited by persons qualified to do so.

(f) The way of life to which the average bracero is accustomed in Mexico has unusual relevance to the diet he receives in the United States. It is possible to put an unfamiliar type of roof over his head, and transport him in unfamiliar conveyances, but it is impossible to force an unfamiliar diet down his throat. The bracero's cultural background must be taken into consideration in planning the foods he is to receive in the U. S. However, if the first question is, "What kinds of foods do braceros eat?" A poor diet may result, since the average bracero is accustomed to a poor diet. The first question should be, "What sort of diet is required by a man engaged in hard labor an average of ten or eleven hours a day?" Having answered this question in general outline, the following question may properly be considered: "How can such a diet be made attractive to a person who is accustomed to the much more limited diet of rural Mexico?"

(g) The Department of Labor should retain an advisory committee on nutrition, to include not only dieticians, but cultural anthropologists with special expertise on Mexico. Master menus and other appropriate guidelines should be provided all associations and employers participating in the program.

(h) Although operators of bracero feeding installations would not necessarily be bound rigidly by the advisory committee's recommendations, Department of Labor compliance officers should be alert to major deviations from the suggested norms.

(i) In order that compliance officers have clearer authority in cases of such major deviations, the vague generalizations in the present work contract ("diets which the Department of Agriculture of the United States considers necessary for performing arduous labor") should be strengthened by Operating Instructions, in the manner that housing and transportation requirements have been spelled out in supplementary regulations.

(j) Braceros should not be required to pay for their board on days when they are unable to work for reasons beyond their control--such as sickness. The income protection feature of the health insurance policy should go into effect automatically, and consideration should be given the possibility that it go into effect after the first day rather than the first week of disability.

D. Transportation

1. Introduction

Much of the time during which he is under contract the average bracero spends on the highways of Mexico and the United States. Indeed, in Mexico, braceros are known as "migrants,"[1] although in the United States, where

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[1] The U.S.-Mexico International Agreement, under which the bracero program functions, is technically known as the Migrant Labor Agreement of 1951. The agency of the Mexican Government which administers the bracero program is called the Bureau of Migratory Labor Affairs.

the term suggests a rather different image, it is not commonly applied to Mexican Nationals.

During his participation in the bracero stream, the typical contract worker is in transit in the following ways:

(a) From his home to the Migratory Station, and return.

(b) From the Migratory Station to the Reception Center, and return.

(c) From the Reception Center to the place of employment, and return.

(d) From the camp in which he is housed, to the fields or orchards where he works, and return, each day.

In addition, some braceros--although by no means all--partake of recreational forms of transportation at one time or another during their contracts.

Transportation is of direct interest from the standpoint of its implications for health. Approximately one-third of all bracero deaths result from accidents involving one or more motor vehicles. (In 1950, among the male population of the United States, ages 20-49, 11.2% of all deaths were attributable to motor vehicle accidents.) Data are not available to indicate the proportion of braceros' morbidity which is traceable to conditions of transportation, but interviews with physicians and medical care administrators connected with the program suggest that the proportion is considerable.[1]

2. Home to Migratory Station

The prospective bracero must make his way from his home to the nearest Migratory Station in the best way he can. Some men walk. The manager of a large bracero camp in Southern California reported that he had contracted two men who had walked from San Andrés Tuxtla, Veracruz, to Empalme, Sonora, a distance of more than 1,500 miles. A number of other men hitchhike. The most common way of making the journey, however, is by bus. There are many bus companies in Mexico, and fares are relatively low. For example, a one-way ticket from Guadalajara to Empalme costs 83.15 pesos ($6.65, American money) for a trip of 820 miles. However, even so modest an expense as this frequently works a considerable hardship on the prospective bracero.

There is no way to estimate accurately how far the average bracero has to travel to reach the nearest Migratory Station. We know, however, that most of the braceros who enter California come from Guanajuato, Jalisco, and Michoacán. The average distance from these three states to Empalme is not less than 1,000 miles. Braceros who come from Oaxaca must travel 1,600 miles. The relatively few men drawn from Sinaloa, on the other hand, may need to travel only 200 or 300 miles.

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[1] E.g., interview, June 19, 1957.

We have already noted, in Chapter III, that many candidates are rejected at the Migratory Stations. Some of them return at once to their homes, presumably by public transportation if they still have money, presumably by other means if they do not. We can be no more definite in discussing the movements of braceros who have completed their contracts, and have returned to the Migratory Station. Many of them return to their homes, but it is a matter of common knowledge that many do not. Probably as many as 40% begin immediately to seek another contract, or spend their money idling in Hermosillo, Chihuahua, or Monterrey before re-entering the contract stream.[1] Many braceros who have completed their contracts fail to return to their homes simply because they have not made enough money to do so. For example,

> I owe 1,250 pesos at home, and I do not plan to return until I am able to pay the debt. I will not be able to pay it picking cotton here in the Imperial Valley. As soon as this contract is over, I will try to get another contract, and hope I am sent to Northern California.[2]

3. Migratory Station to Border

When the candidate for the contract successfully passes the several screens at the Migratory Station, he becomes a ward either of the Government or his employer, and until his return to the Migratory Station, has to pay for his transportation only under special circumstances which we shall discuss in a few moments. Article 6 of the International Agreement reads as follows:

> The Secretary of Labor, at the expense of the United States Government, shall provide transportation for a prospective Mexican worker selected at the migratory station . . . from such migratory station to the reception center and return to the nearest migratory station. . . .
>
> The Secretary of Labor, at the expense of the United States Government, shall also furnish the prospective workers subsistence while awaiting transportation from the migratory station . . . and the reception center and return, and while he is at the reception center.

In contrast to the version of the bracero program which obtained from 1942 through 1947, however, these payments for transportation and subsistence are not actually a burden upon U. S. taxpayers. Payments are made from a revolving fund, to which bracero-users contribute on the basis of a capitation fee.

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[1] The Social Secretariat of the Bishops of Mexico estimated in December, 1957, that "four out of every ten (braceros) have not returned to their homes and families in Mexico." (Alamo Messenger, San Antonio, Texas, December 5, 1957.)

[2] Interview, September 10, 1958.

As Congressman Thomas Abernethy of Mississippi observed during the Congressional debate which led to the passage of Public Law 78 in 1951,

> I do not think any kind of a bill would carry on the (House) floor with a provision for the Federal payment of transportation for farm workers. I do not think it is going to pass the House. The farmers already have enough trouble with so-called antifarm columnists. I do not think that you have a chance to get such a bill through the House of Representatives that would pay for the transportation of labor to the farms. I, for one . . . am not going to support that kind of a bill. I am sure it would further jeopardize our farm program.[1]

Since 1951, then, the U. S. Department of Labor has paid Mexican common carriers for the transportation of braceros from Migratory Stations to the border, and has, in turn, been reimbursed from a departmental revolving fund. Bracero-users contribute $15 per head for the men they contract, and $7.50 for each man they re-contract.

Workers are transported from the Monterrey and Chihuahua Migratory Stations by bus, since the distance to the border is in one case 140, and in the other 235 miles. However, Empalme is about 600 miles from the California border, and there is no highway across the gran desierto which lies between Sonora and Baja California. Workers are therefore transported from Empalme to Benjamin Hill (about 160 miles) by bus, and from Benjamin Hill to Mexicali by rail. Since the railroads in Mexico are nationalized, this means that, in fact, the Mexican government itself provides transportation for California-bound braceros, under specifications set by the U. S. Department of Labor. The Department of Labor asks that the Mexican National Railways furnish second-class accommodations for the overnight trip, and pays for these accommodations from its revolving fund. However, when passenger cars are in short supply, as they often are on the Mexican National Railways, braceros are transported in box cars. As many as 120 men ride in each box car. An employee of the Bureau of Migratory Labor in Mexicali, whose job was to receive the incoming braceros each morning, said,

> It is not good when the men come in the freight cars. Many times there is no drinking water. There is no heat in the cars, and the trip lasts all night. There are no toilets in the freight cars. The men who have been before take tin cans with them, and go to the toilet in them, and then throw them out the door. But many of the men have to go to the toilet by leaning out of the big sliding doors of the cars, and it is dangerous. There have been several times when we got trains with two or three men missing because they had fallen off on the way.[2]

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[1] Hearings before the Committee on Agriculture, House of Representatives, 82d Congress, 1st Session, on H.R. 2955 and H.R. 3048; Washington, D.C., 1951, pp. 149-150.

[2] Interview, May 11, 1958.

Even when braceros are transported in coaches rather than box cars, the facilities tend to leave something to be desired. A bracero who had made the trip many times said,

> There is much overcrowding on these vehicles--much overcrowding. These vehicles are the scum of the Mexican railroads. It hurts me to say it, but the best of this system is worse than the worst of your system in the United States. The toilets on the trains are broken or clogged. There is no drinking water. The cars are never cleaned. The trip may take days, because the trains move very slowly and stop all the time. The U. S. Government pays the Mexican Government for this transportation, and it is supposed to be good transportation. But something happens along the way. I do not consider it good transportation.[1]

A United States Department of Labor official had this to say about the transportation of braceros from Migratory Stations to Reception Centers:

> I wish there were something we could do about the way they haul the Nationals up to the border. Something needs to be done. It is the weak link in the chain. But the matter is taken out of our hands. The U. S. Government pays the National Railways of Mexico, and from that point on, we don't dare say anything. If we do, it's considered a breach of the good relations between the governments.[2]

In addition to transportation facilities themselves, mention may be made of the food which is served braceros en route to the United States border. The men are given three bag lunches for the trip from Empalme to California. According to regulations promulgated by the Secretary of Labor, these lunches are supposed to consist of one of the following combinations:

> 2 sandwiches: 1 cheese and 1 ham or luncheon meat
> 1 apple, orange, banana, or other fruit in season
> 1/2 pint milk, 1/2 pint chocolate milk, or bottled soda water
>
> or
>
> 1 (8 oz.) can beans
> 2 (3 1/4 oz.) cans sardines
> 6 slices enriched bread and 1 sweet roll
> 1 apple, orange, banana, or other fruit in season
> 1/2 pint milk, 1/2 pint chocolate milk, or bottled soda water

So far as the writer is aware, no braceros are ever given the second of these two combinations. The first combination consists primarily of items which braceros do not care for, as remarked in the previous chapter. What is more, the ingredients are not always of the best quality. A student of the bracero program reported,

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[1] Interview, July 24, 1957.

[2] Interview, April 12, 1957.

> When I was down at the Empalme recruiting center, I took a look at the lunches they were handing out to the men as they were getting on the busses. They consisted of two sandwiches, and nothing else. The bread was so hard and old nobody could have eaten it.[1]

On the streets around the Migratory Stations, and around the border reception points, one may see dozens of bag lunches which braceros have thrown away, untouched. Braceros who can afford to do so often buy their own food en route. Many others do without. The head of the feeding facility at the El Centro Reception Center reported,

> When the men arrive here from that trip from Empalme, they are practically starving. They dig into the food we give them like a bunch of hungry wolves.[2]

Arrangements for the return of braceros from the border to the Migratory Stations in Mexico are somewhat different from the Northward trip. The workers are deposited in Mexicali with three bag lunches and scrip that is good for passage to Hermosillo, Sonora. Hermosillo is 90 miles north of Empalme. Apparently, U. S. and Mexican authorities feel that Hermosillo, a city of approximately 100,000, is better equipped to contain the bracero influx than Empalme, a town of only about 10,000 permanent population.

The worker is free to make his own decision as to when he will return to the interior, or whether he will return at all. Braceros often sell their scrip, perhaps because they need the money, or perhaps because they wish to see what "turns up" in Mexacili before they leave for home. In either case, the result is a huge floating population in Mexacili. The city has increased its population tenfold since the inception of the bracero program, but has not increased its housing, welfare, recreation, or police programs proportionally. It is a dismayingly dirty and depressing city.

4. Reception Centers to Places of Employment

The employer of braceros makes his own arrangements for the transportation of workers from the border reception center to the place of employment. Article 7 of the Standard Work Contract reads,

> All transportation between the reception center and the place of employment shall be by common carrier or other adequate transportation facilities provided that such other transportation facilities, when used to transport Mexican workers, shall have sufficient and adequate fixed seats for the transportation of passengers and adequate protection against inclement weather, meet the same safety requirements that are applicable to common carriers, and are covered by adequate insurance to protect such workers in the event of

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[1] Interview, July 16, 1958.

[2] Interview, May 8, 1958.

injuries resulting from accidents en route. When Mexican workers are transported by rail, the employer shall not be required to provide first-class accommodations.

During the first five years of Public Law 78, there appears to have been considerable misunderstanding as to the transportation standards intended by the abive Article. Bracero-users evidently assumed that the transportation of braceros was essentially the same operation as the transportation of domestic farm workers. This assumption created difficulties. For many years, growers in Northern and Central States, for example, have employed "Texas-Mexicans" recruited and transported by labor contractors, or "truckers," operating out of such areas as San Antonio and the lower Rio Grande Valley. One domestic farm worker described the trip in these words:

> The trip required five days and four nights. The weather was cold and rainy. There were no seats in the truck; it had no top; the roads were bad; and the brakes on the truck were functioning badly. The workers finally forced the driver, at the point of a gun, to stop and buy brake fluid with money which they lent him. The truck was a double-decker and had as passengers 35 adults and 10 children. Some of those on the upper improvised deck sat with their legs hanging down around the necks of those below. Several brawls developed en route. One boy had to stand on his feet for the entire trip. The wife of one Adolfo Salamone was very ill en route; she thought she was dying, but the trucker would not stop for medical attention. . . . At Blissfield (Michigan), at least one dead Mexican baby is buried in a shallow grave there. The mother of this baby . . . rode standing up . . . from San Antonio. Dr. Tubbs, who attended this woman, stated to me that, without a doubt, this caused the premature birth and death of the baby.[1]

Given such a tradition, it is understandable that the transportation of braceros often left something to be desired. For example, a Texas newspaper carried the following story in 1953:

> The Houston Police Department had to feed one man Wednesday because it put him in jail, and as a result it wound up serving supper to 75 more. The 75, all braceros who were being hauled in a big trailer truck to Vienna, Georgia, were stranded here all day after a policeman jailed the driver of the truck. The braceros, Mexican nationals in this country by international agreement to do farm work, spent the day on the Police Station lawn and driveways, hungry for food and smokes and scurrying for shelter during the thunderous afternoon downpour. Nobody donated them lunch, but about 5:30 PM the jail authorities lined them up and served them a stew supper. Another truck, ordered here from another city, was expected to pick them up during the night.[2]

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[1] Quoted in Carey McWilliams, Ill Fares the Land; Boston: Little, Brown, 1941, pp. 267-268.

[2] Houston Post, August 20, 1953.

The driver in question had been arrested for running a red light, driving a truck with defective brakes and driving while his operator's license was suspended.

More recently, the following was reported to the present writer:

> The other day, in the gas station where I work, a fellow came in with a stake-bed truck. I got to talking with him. He said that he came from Texas, and his usual job was hauling braceros. He took them from El Paso up to the sugar beets in Colorado. He said it was between 700 and 800 miles, but he could drive it without stopping, except for gas. The more trips he made, the more money he made. He also said the company he works for always puts an extra man or two aboard the truck at Juarez. If the order was for thirty-five men, they would put thirty-seven or eight on board. The border guards all knew him, so they wouldn't bother to count the men in the truck. They just say, "How many you got this time?" He would give then the number he was suppose to have--say, thirty-five--and they would wave him on through. He would have no more trouble getting the men up to Colorado.[1]

As a result of the abuses, which in some cases resulted in loss of life, consultations were held between the U. S. and Mexican governments, and a Joint Operating Instruction concerning transportation was issued, effective July 1, 1956. The instruction states:

> It is generally recognized that the use of bus facilities for the transportation of persons is, from all aspects, a more desirable mode of transportation than many of those now employed. It is strongly urged that all employers, not not using buses for the transportation of Mexican agricultural workers, convert present transport means to bus facilities within the shortest possible period of time.

There follow two lists of regulations, one affecting transportation by bus, the other transportation by truck. Specimen provisions concerning transportation by bus include the following:

> Every bus must be equipped with first-aid kit, fire extinguisher in good working condition, drinking water in containers equipped with spigots and disposable cups, easily accessible to the workers being transported.
>
> . . . . . .
>
> Rest stops shall be made for 15 minutes every 2 hours. Meal stops shall be made at or near regular eating hours.
>
> . . . . . .
>
> All buses with fixed seats shall meet standards for school buses prescribed by the State in which the buses are registered.
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> . . . . . .
>
> Before any trip from a reception center is started, the representative of the Secretary of Labor and the appropriate

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[1] Interview, June 26, 1957.

> Mexican Consul shall be shown (a) proof of insurance coverage . . . ; (b) proof of authority to operate the vehicle . . . ; (c) an itinerary of the route . . . ; and (d) a State Vehicle Inspection certificate where such certificate is required by State law . . . ; and (e) a valid license to drive the bus transporting the Mexican workers.

Detailed instructions are provided for the types of trucks in which braceros may be transported, including specifications regarding seats, means of ingress and egress, means of communication with the driver, and so forth. Workers are not to be transported by truck for more than 10 hours in any one day, or on trips of more than 350 miles one way. (No such limitations placed on the transportation of workers by bus.) The same requirements covering insurance, operator's licenses, route plans, and the like, apply to trucks as to buses.

The Secretary of Labor recognized that it would be difficult to enforce compliance with these new regulations. There were no federal and few state regulations concerning the transportation of farm workers, and consequently no agencies to which the Department of Labor could turn for enforcement assistance.[1] Consequently, the Joint Operating Instruction states, "The responsibility for compliance shall be upon the employer who contracts for the Mexican workers." Elsewhere, the instructions state, "Deviations from these standards for equipment in use on the effective date of this Joint Operating Instruction will be permitted."

All braceros who are processed at the El Centro Reception Center are now transported to their places of employment in buses. Typically, the growers' associations maintain contracts with bus companies to transport all the braceros for a season at a certain amount per head. The workers contracted by the Imperial Valley Farmers Association are moved a distance of only about three miles. The Northern California Growers Association of Marysville, on the other hand, must transport its braceros over 700 miles, and at $20 for each man's round trip, spends about $200,000 for transportation of workers to and from El Centro annually.

If the bracero completes his contract satisfactorily, he is supposed to be returned to the reception center at the employer's expense. Occasionally, something goes wrong. A bracero who had completed his contract and was being returned to El Centro, reported,

> When we left the labor camp . . . we were not provided transportation. When we asked R_____, the camp manager, he told us to walk into town. We had too much baggage, so we couldn't do that. We finally managed to get a taxi. He took us to the Greyhound bus. The bus did not take us to the Reception Center, but took us to Calexico instead. So we hired another taxi to take us to the Reception Center, but he took us to El Centro by mistake. There we had to

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[1] There has since been enacted a federal law (P.L. 939, 84th Congress, 2d Session) which places the supervision of interstate transportation of migrant workers under the Interstate Commerce Commission.

hire another taxi to take us to the Reception Center. Why did we have to go through all this trouble? Isn't the Association required to see that we get to the Reception Center at no cost to us? It cost us quite a bit of money because of the run-around we got.[1]

Ordinarily, however, braceros are returned to the Reception Center by chartered buses in the same manner they are transported to their places of employment--if they have performed satisfactorily on the job. Special provision is made in the International Agreement for workers who, without good cause, fail to complete their contracts.

> When a worker does not complete his contract for unjustified cause . . . the employer shall not be obligated . . . to provide return transportation and subsistence to the worker or to pay the cost thereof, except in proportion to the services rendered. . . . It is understood that payments will be made, insofar as possible, against the amounts owed by the employer to the worker. . . .[2]

In other words, if a worker is sent to Michigan to thin sugar beets under a six-week contract, and if he wishes to return to Mexico after a week because he is dissatisfied with his earnings, he must pay five-sixths of his passage. If he wishes to return because there has been a death in his family, the employer shall pay for his passage--assuming this is considered a "justified" cause for termination of the contract.

A Department of Labor compliance officer from the Midwest made the following statement at a national conference of farm placement service personnel:

> We used to have trouble in Michigan with Nationals who asked to be repatriated before the end of their contracts. Some of them were unhappy because they weren't making as much money as they had expected. Some of them apparently had just come up here for the ride. We used to give them the benefit of the doubt and pay their way back. But we are now requiring them to pay their own way, and it has cut down the voluntary repatriations to almost nothing. The fare is about $40, and hardly any of the guys who want to go back have that kind of money.[3]

The specifications concerning feeding en route which were mentioned in Section 3 apply also to transportation between the Reception Center and places of employment. The same sort of wastage of bag lunches is also commonplace, particularly among the men who are entering the country

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[1] Interview, June 26, 1958.

[2] Migrant Labor Agreement, Article 17, Joint Interpretations and Amendment, March, 1954 - April, 1955.

[3] Notes taken at panel on "Administration of the Foreign Labor Program," National Conference of Farm Labor Services, Los Angeles, February 26, 1959.

for the first time. Braceros who have money often buy their food and drink en route, at roadside spots which cater especially to their trade. If they cannot afford such purchases, they often go hungry. The manager of a large bracero camp in Southern California reported,

> When we first get them here on the buses from the Reception Center, we find that we have to give them a big meal, for many of them are practically fainting from hunger. We may get a bus load in at 11:00 at night. It doesn't make any difference. We take them all into the dining room and feed them on whatever we happen to have. They appreciate it, and it's good business, too, because a man who's weak from hunger doesn't make a good picker.[1]

The same tendency may also be noted on the return trip to the Reception Center, as a bracero observed,

> I have been given no food since I left the labor camp in Ventura County, yesterday. Can we get food here? What time do they serve it?[2]

5. Transportation To and From the Fields

Each of the types of transportation we have discussed is of some relevance to considerations of health and welfare, but perhaps the most important from this standpoint is the means by which braceros are taken to and from their work each day. In eighteen months of citrus work, for example, a bracero may well spend 900 or 1,000 hours in transit between his labor camp and the citrus groves--the equivalent of 160 eight-hour days.

For a few braceros, daily transportation to work is no problem, unless it be a pedal problem. Some braceros who are housed in small camps work in the fields immediately adjacent to their camps during their entire contracts.

It is much more common, however, for braceros, even in relatively small camps, to work at least part of the time in fields considerably distant from their housing. An even more pronounced tendency is for bracero-users to maintain central housing facilities. In this case, the men are entirely dependent upon growers' transportation to get them to their work each day.

The Secretary of Labor's standards for vehicles in which Mexican Nationals are transported apply only to those which operate between Reception Centers and places of employment. As far as the day-to-day transportation of braceros is concerned, the Department of Labor apparently defers to such state regulations as may be in effect, and leaves the enforcement of these regulations to state officials. California, within

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[1] Interview, July 13, 1957.

[2] Interview, May 22, 1958.

its Industrial Safety Orders, has unusually rigorous standards for the transportation of workers. For example, these rules specify the height of the sides of stake-body trucks which are used to transport workers, they provide there shall be at least 18 inches of seating space per person, they call for emergency exits in the case of bus-type trucks, and so forth.

Policing of these orders is extremely difficult. The transportation of Mexican Nationals and other farm workers usually takes place on back roads. The State Department of Industrial Relations has relatively few inspectors available for the inspecetion of farm labor trucks. Much of the policing which is done must come from the State Highway Patrol, an agency primarily concerned with the movement of vehicles on main arteries. On a full-scale industrial farm policing becomes virtually impossible, since the trucks engaged in hauling braceros may operate entirely on private property, and may not even have state license plates.

Furthermore, a serious problem arises over the fact that trucks which haul Mexican Nationals are often used to haul other things as well. A highway patrolman is not empowered to enforce the above mentioned standards on a truck which he observes hauling peaches or tomatoes to a cannery, and unless he is in the right spot at the right time, he will not know that the truck is also used to take workers to the field in the early morning and back to camp at night.

The state orders provide certain rules for trucks "used occasionally for carrying workers":

> Workers must ride in the cab, whenever possible.
>
> Flat-bed trucks must be protected on the end and sides.
>
> Pickup tail gates must be closed, or similar protection provided, and workers must sit on the truck bed or on temporary seats that are securely fastened.
>
> If these rules are not followed, not more than two workers may ride on a truck bed, and they must hold on to suitable grip irons rigidly fastened to the truck.

Violations of these rules are commonplace. Sometimes these violations take an amusing turn, as in the following anecdote related by a representative of the State Farm Placement Service:

> One time I remember, _____ had a bunch of Nationals he wanted to bring in to the consul here in town, to renew their contracts. He didn't want to lose any more time than he could help, so he went out to the field where they were working, and loaded them onto the first thing he could find. They happened to be spreading fertilizer that day, and the manure spreader was the handiest thing around. So he loaded them all onto that manure spreader and brought them into downtown San Jose to see the consul. The consul squawked, but by that time, it was too late to do anything about it. God, I wish I had a picture of that! I couldn't believe my eyes, but there it was. A big old manure spreader, with a

whole crew of Mexican Nationals standing on the back of it, coming down the main street of San Jose! (Laughter.)[1]

On other occasions, however, violations of transportation regulations have injurious and even fatal consequences.

STOCKTON, CALIF., Sept. 19, 1957. A farm labor truck with 41 persons aboard skidded over a bank on fog-bound Rindge Tract about 7 a.m. today and overturned in the water.

In the San Joaquin General Hospital, where the injured were taken, attendants said at least five are in critical condition while eight others are reported 'poor to critical.' . . .

The truck, a flatbed with stake sides, was carrying 39 Mexican Nationals, the driver, Seberiano Ybarra, 62, of 233 S. Del Norte, and his wife, Rosaela, when the accident occurred. . . . Heroic efforts by workers who were scattered in the water when the vehicle overturned aided in rescuing Mrs. Ybarra who was trapped in the cab of the truck. . . . The workers turned the truck right-side up and carried Mrs. Ybarra to the shore. . . .[2]

* * * *

STOCKTON, CALIF., May 25, 1957. A Mexican National, Toribio García Rodriguez, 22, was killed Saturday when he was run over after falling off a truck on which he was riding on Lower Jones Tract near DeCandia Farms, Camp No. 7, where he lived.

His death was not listed as a highway fatality because it occurred on private property.

A fellow worker, Jose Hernandez Rodriguez, 26, DeCandia Farms, Camp No. 7, suffered serious injuries when he fell from the truck at the same time and was also run over. A third man, Bonafacio Novas, also fell but was not injured.

Highway patrolmen reported the three men fell backwards off the truck. . . . The riders were trying to cover their faces from the dust and fell as the truck came out of an "S" turn, highway patrolmen said.

The driver of the truck, Carl Grissom, 17, of 2019 Sharps Lane, said he was only traveling about 15 miles per hour. The three men were riding on the right front of the truck bed. . . .[3]

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1 Interview, December 18, 1956.

2 Stockton Record, September 19, 1957.

3 Stockton Record, May 27, 1957.

The latter case is of particular interest because it followed by more than a month a formal complaint filed with the U. S. Department of Labor by the regional Mexican consul. The consul's letter indicated that he had received a complaint signed by 60 workers in the camp involved. The workers' complaint alleged their transportation was unsafe: "that sometimes they are taken to the fields all piled up in tractors." The consul asked the Department of Labor to investigate the allegations and report its findings.

Apparently, no steps were taken by the Department of Labor to check on the conditions about which the consul of Mexico had written. Following the fatal accident, this deposition was signed by all the surviving members of the crew from Camp 7:

> We were, all of us 48 men, on the truck without sides and we witnessed the death of our companion, Toribio Rodriguez, which happened when, because of high speed on a curve, three men fell from the truck and of these three men one died and two were injured. The following is the truth of the case: (1) 48 men were on the truck. This has been the case almost daily from April to the present. (2) The truck does not have side guard rails. It has only a track built up from the platform about 8 inches high. (3) At the time of the accident the truck was going very fast; it was going 40 miles an hour. (4) The highway patrolman does not speak Spanish and did not take data from us concerning what happened. (5) There has come no representative of the Mexican Consul nor of the association nor of the police. So we affirm this day, the 29th of May, 1957.

Trucks which are used solely for the transportation of workers tend to be somewhat more comfortable and safe than the general-purpose type we have been discussing. There are more likely to be fixed seats; there is more likely to be a covering against the sun and rain. But none of these built-in features can compensate for human error. Section 686 of the California Vehicle Code requires that all motor vehicles transporting workmen shall come to a complete stop at all railway grade crossings, and "shall not proceed until certain that the right of way is clear," but this regulation is often unobserved. In 1956, for example, seven braceros were killed near Salinas when the driver of the panel truck in which they were riding crashed into the side of a moving locomotive.

Two years later, the Salinas Valley was the site of the worst non-traffic motor vehicle accident reported in the United States in 20 years. Thirteen braceros lost their lives, and many others were badly burned. The human error in this case consisted in storing cans of gasoline with loose lids in a compartment in which a crew of workers had been locked.

> SOLEDAD, June 17, 1958 (AP). Twelve men,[1] panicked by terror, burned to death today as flames flashed through a farm labor truck. All were Mexican Nationals, living at a labor camp near Soledad. At least eight others were severely burned.

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[1] Another man later died in the hospital from his burns.

They were leaving the camp in a truck, converted into a bus. The sides were boarded up and it was covered with a tin roof. The tail gate was chained shut.

Fire Chief Lloyd Swanson said one partly filled can of gasoline and one empty can were found inside the bus-type compartment. He speculated that the gasoline fumes were ignited as one of the men lit a cigarette. The men panicked and probably kicked over the gasoline cans. . . .

Witnesses said the terrified laborers piled on top of one another at the rear of the truck, trying to escape over the tail gate.

Several hours later there still was no list of dead or injured. It was not known then how many were in the truck. . . .

Soledad, in a rich agriculture area, is about 115 air miles south of San Francisco, off U. S. 101.[1]

As one aftermath of this tragedy, the California Legislature passed a bill making it illegal to carry inflammable materials inside the body of a farm labor truck or bus.[2] As another aftermath, the Mexican Government filed suit for $1,300,000 against the labor contractor, grower, and growers' association involved. The case is tilll in the courts at the time of this writing, but may well be dismissed, in view of an opinion recently rendered in the San Joaquin County Superior Court. In November, 1957, ten Mexican Nationals were injured in a type of accident which is relatively commonplace in bracero-using areas: the open truck on which they were riding overturned. An attorney filed suits on behalf of these ten men, in amounts ranging from $25,000 to $50,000.

Following a special defense hearing, April 22, 1959, Superior Judge George Buck dismissed the case on the ground it fell within the jurisdiction of the Industrial Accident Commission and could not be tried in civil court. Part of the ruling held that the plaintiffs had been hurt "in the course and scope of their employment."[3]

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[1] Associated Press Release, June 17, 1958.

[2] Some three years earlier, the President's Commission on Migratory Labor had issued "suggested regulations" for the transportation of agricultural workers by motor vehicle, for the guidance of state legislatures. Among the recommendations: "No supply of fuel for the propulsion of any motor vehicle or for the operation of any accessory thereof shall be carried on that motor vehicle except in a properly mounted fuel tank or tanks." Only five (5) states have enacted farm labor transportation laws in the intervening years.

[3] This ruling has implications far beyond the fact that settlements from the Industrial Accident Commission are usually substantially smaller than those handed down in civil courts. If transportation of braceros from labor camps to fields, and return, is legally part of their employment, the question arises as to whether the workers should be compensated for this time. Pursued to its logical conclusion, Judge Buck's ruling seems to open the way for portal-to-portal pay requirements, which, while long established in coal mining, would represent an entirely new era in agricultural labor. Portal-to-portal pay for braceros in many California camps would increase their earnings by at least 25%. And any such benefit to Mexican Nationals

After each of the transportation accidents involving large numbers of Mexican Nationals, there is a reaction of outcry from that portion of the public which follows the bracero program, and from government agencies, notably those of the Republic of Mexico. To date, however, such outcry has not prevented the recurrence of accidents of this type. The year after thirteen braceros were burned to death in the Salinas Valley, sixteen were burned to death in Arizona.

> PHOENIX, ARIZ., June 8, 1959. Sixteen farm laborers were killed and 32 others were injured when a crudely fashioned bus crashed into a tree and exploded near Phoenix today.
>
> The highway patrol, which had difficulty determining the number of charred and cremated bodies in the twisted wreckage, listed these figures as official but said there may be more dead.
>
> All the victims were Mexican Nationals.
>
> Many of the injured were reported in serious condition with burns and broken bones.
>
> The patrol quoted the driver, Nato Manuel Gloria, Jr., as saying he dozed at the wheel. Gloria said he had been feeling sleepy and was going to stop at an intersection 100 yards ahead to turn the driving over to his assistant. . . .
>
> The truck, which had been converted into a bus with sides and a top, left a main suburban thoroughfare just south of the Phoenix city limits, plowed through a ditch and smashed into a tree.
>
> Patrolmen said the head-on crash burst the vehicle's fuel line and caused an explosion. . . .
>
> The converted truck had only one exit, a single door at the rear.
>
> Those who escaped appeared to be in a state of shock. They wandered about the field aimlessly.
>
> Two survivors told of the scramble to get out the only door, and how the laborers had to fight their way around a big water barrel and a pile of suitcases. . . .
>
> The accident was the worst traffic crash in Arizona history.[1]

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would presumably redound, in time, to the advantage of American farm laborers as well, under Section 503 of Public Law 78 (82d Congress, 1st Session), which requires that domestic workers be offered "wages and standard hours of work comparable to those offered to foreigh workers."

[1] Associated Press Release, June 8, 1959.

Once again, there was a flurry of outrage. Secretary of Labor James P. Mitchell announced that steps would be taken to prevent the recurrence of such catastrophes. The Mexican government again filed suit. However, it remains to be seen whether, given the nature of the bracero program, there can be any absolute prevention of these multiple deaths on the highways.

6. Laws and Regulations

Transportation is one of the few facets of agricultural life and labor in which domestic workers are covered by substantially the same protections as braceros. This is an important point. So long as braceros receive guarantees which have no counterpart in the larger farm labor market, they are likely to remain only paper guarantees. Many growers, compliance officers, and others involved are apt to view the regulations as unreasonable intrusions upon custom, dictated in vacuo by someone in Mexico City or Washington, D. C.

Transportation regulations, however, are increasingly in the stream of social practice. In August, 1956, the Congress of the United States enacted Public Law 939 "to provide for the regulation of the interstate transportation of migrant farm workers." Basically, this law amended the Interstate Commerce Act of 1935 to give the Interstate Commerce Commission authority "to establish for carriers of migrant workers by motor vehicle reasonable requirements with respect to comfort of passengers, qualifications and maximum hours of service of operators, and safety of operation and equipment." Jurisdiction was restricted to carriers conveying three or more farm workers "a total distance of more than seventy-five miles, and then only if such transportation is across the boundary line of any state, the District of Columbia, or Territory of the United States, or a foreign country."

The ICC orders which were eventually promulgated closely resembled the "suggested regulations" issued the previous year by the President's Commission on Migratory Labor. Among the important requirements were the following:

1. Thirty-minute meal stops at least every six hours, and one rest stop between meals.

2. The use of truck-trailers and closed vans prohibited.

3. Side walls and ends at least five feet high.

4. A securely attached seat provided all passengers, from 16 to 19 inches high, at least 13 inches deep, and 18 inches wide, with back rest at least 36 inches from floor.

5. Emergency exits in all vehicles with permanent roofs.

6. Pull-cord, buzzer, or other means of communicating between passengers and driver.

7. Vehicles equipped to protect passengers from rain, snow, sleet, or cold. But heaters of the following types not to be used:

exhaust unenclosed flame, heaters permitting fuel leakage or air contamination, or heaters not securely fastened.

8. Following equipment checked and in good working order: brakes, lighting, tires, steering mechanism, horn, windshield wipers, mirrors, coupling devices, fire extinguishers, and road warning devices.

9. Drivers with doctor's certificate, attesting to:

   a. No mental, nervous, organic or functional disease likely to interfere with safe driving;

   b. No loss of foot, leg, hand, arm;

   c. No loss of fingers, impairment of use of foot, leg, hand, fingers, arm or other structural defects or limitation likely to interfere with safe driving;

   d. Visual acuity of at least 20/40 in each eye either without glasses or by correction with glasses; ability to distinguish colors, red, green, and yellow;

   e. Hearing not less than 10/20 in better ear for conversational tones without a hearing aid;

   f. No narcotic addiction or excessive use of alcoholic beverages.

10. Drivers must:

   a. Be at least 21 years old;

   b. Have at least 8 hours rest following a total of 10 hours driving time;

   c. Have had at least one year's experience as a driver in all seasons of the year;

   d. Have a permit to operate the type of vehicle being driven;

   e. Be able to read and speak English.[1]

In May, 1959, the Governor of the State of California signed into law A.B. 49, which amended the State Vehicle Code to cover farm labor transportation. In many respects, the state law is similar to, if not identical to, the ICC regulations summarized above. In the following respects, however, the State law appears to be weaker than the Federal law:

1. Vehicles transporting fewer than seven employees are not covered.

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[1] President's Commission on Migratory Labor, "To Drivers and Owners of Motor Vehicles Transporting Migratory Farm Workers." No pagination; no date.

2. Only vehicles used "primarily or regularly" for the transportation of farm laborers are covered.

3. Side and end railings 46 inches high are permissible.

4. No mention is made of heating arrangements.

5. No mention is made of rest stops.

6. No physical examination is required for drivers.

On the other hand, the state law is apparently stronger than the federal regulations in the following respects:

(a) No bus or truck covered by the law "may carry more passengers than the maximum number of passengers such bus or truck may accommodate affording each passenger . . . minimum seat space. The maximum number so determined shall be plainly marked on the outside of the vehicle near the door or entrance. It is unlawful for any driver or other person in control to permit passengers in excess of the number so determined to ride in or upon the vehicle."

(b) "All cutting tools or tools with sharp edges carried in the passenger compartment of farm labor (buses or trucks) shall be placed in covered boxes or containers and all other tools, equipment or other materials carried in the passenger compartment of such vehicles shall be secured to the body of the vehicle and in no event shall they be carried in the aisles."

(c) "Every passenger compartment shall be provided with at least two exits, remotely located from each other. Each exit shall be provided with an adequate door, guardrail or other closure which opens outward and is capable of being opened from either the interior or exterior of the vehicle. Such exits shall be equipped with positive devices to keep them closed when not in use and of such character as to permit them to be opened readily when necessary. . . . No obstruction shall be placed over the handle of an exit. . . . Signs reading 'Exit' shall be printed on the interior and exterior of the vehicle at the exits. The signs shall be printed in English and in the language of the workers currently being transported."

(d) "No substance with a flashpoint of below 150 degrees Fahrenheit shall be carried in the passenger or driver's compartment of such vehicles."[1]

The Division of Industrial Safety, California Department of Industrial Relations is empowered by the State Labor Code to enforce and administer all laws and regulations requiring that employment and places of employment be safe. In fulfilling this responsibility the Division promulgates and enforces safety orders for various industries and occupations. In April, 1960, following a series of hearings throughout the State, the Division of

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[1] Assembly Bill No. 49, State of California Legislature, 1959. The last two requirements are direct responses to the Soledad catastrophe described above.

Industrial Safety promulgated a new set of safety orders on Transportation of Employees and Materials. Although agriculture is not mentioned in this order, there is no doubt the order is intended to reinforce and define in more detail the intent of A.B. 49.

Article 23, Sections 3412, 3412.1, and 3413 contain, among other things, detailed provisions concerning emergency exit doors and windows, transportation of cutting tools and explosive substances, and licensing of drivers.

7. Leisure-Time Transportation

Article 11 of the braceros' Standard Work Contract reads,

> The Mexican worker shall be free to purchase articles for his personal use, in places of his own choice and shall be given an opportunity, once each week, to go to locations where he can obtain the articles desired.
>
> Where the location of employment is not within walking distance of the town offering the desired articles and public transportation is not available, the employer will make arrangements for transportation.

In effect, this means that braceros shall not be forced to buy their toilet articles, clothing, candy, cigarettes, and so forth, in a company store maintained at their labor camp. The Standard Work Contract, however, is ambiguous as to the employer's obligation to provide transportation to other shopping areas. "Walking distance" is an almost meaningless phrase, as are the "arrangements" which the employer is to make. "Public transportation" seems also to be unclear, at least as it is used within the framework of the bracero program. In many camps which are five miles or more from the nearest town, the only way in which braceros can get to town for shopping or other purposes is to call a taxi. This would seem a somewhat broad definition of "public transportation."

In other cases, the employer provides transportation to town in a truck, but charges the men for this service. This appears to be permissible, since Article 11 of the Contract does not say the "arrangements" must be free of charge. A young Mexican-American who had become interested in the bracero program reported,

> One of the complaints I have heard from a number of men in the delta islands is that they have to pay $2 to ride in on the boss's truck. The men didn't like it, and they didn't do it any more often than they could help, but they had no choice. There is no other way to get to town from those islands.[1]

There are many variations. Managers of several bracero camps have reported arrangements similar to the following:

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1 Interview, July 20, 1957.

> There is a theater operator in town who puts on Spanish movies twice a week. He sends a bus out here to the camp. The men pay two bits to ride into town. After the show the bus comes back to camp. The men who have a ticket stub from this particular theater can ride back free.[1]

A labor contractor in the Sacramento Valley said,

> Under the law, every National is supposed to be given the chance to shop at a place of his own choice once a week. This law, along with every other law in the book as far as I am concerned, is not lived up to. I'll tell you how it worked with the . . . Nationals here. The camp management would take them into town once a week, all right. Took them in two buses. But they took them into town so late at night there was only one store open. . . . Well, right down the line, this (merchant's) prices were 10% higher than the prices the Nationals would have to pay anywhere else in town. And the (merchant) was giving a 10% kickback to the operators of the camp. Pretty good deal for everybody involved, except maybe the Nationals.[2]

Some braceros achieve mobility in this country through the purchase of automobiles. This practice has perhaps created more problems that it has solved. Although the following statement is doubtless somewhat exaggerated, it indicates the nature of some of these problems:

> A large percentage of the younger braceros buy automobiles very shortly after they arrive--a group of four or five braceros pooling their savings and buying a used automobile from some local. The automobiles that they buy are almost always junk because they know that they cannot take them back to Mexico and because they cannot save enough money in such a short time to buy good automobiles. These men endanger their lives as well as the lives of American citizens while they drive their so-called automobiles on the highways. The braceros do not bother to get a driver's license or insurance for their automobiles, mainly because the insurance companies would not take the risk of insuring them. In order to get a driver's license in the state of California, a person has to be able to read and write English as well as to be able to drive. Naturally very few if any of the braceros could qualify for such a driver's license. Consequently, when the braceros are involved in accidents, they manage to return to Mexico leaving the American citizen without compensation. . . . Because the majority of braceros have never owned or driven an automobile before coming to the United States, they never learn to drive properly, adding to the hazards which they create when they drive.[3]

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[1] Interview, August 13, 1957.

[2] Interview, May 2, 1958.

[3] Martinez, op. cit., pp. 67-69.

Ownership of automobiles by braceros is largely confined to Southern California counties, where long-term contracts are common. Within this region, different camp managers have different policies. One reported, "Sure, we let them have automobiles, as long as they behave themselves about it."[1] Another, however, said,

> I have a policy that none of my workers are allowed to have cars here in camp. If a man wants to buy a car and park outside the gates, there is nothing I can do to stop him, though I wish I could. I'm not going to allow them to race around the camp here, and you can easily understand why. . . . If somebody got killed or hurt here in camp I would be responsible. We might have all sorts of lawsuits on our hands.[2]

Still another said,

> We used to figure, "What the heck? This is a free country. Let them do what they like." We let them keep their cars right in camp. Then one time some crazy National almost ran down and killed the Mexican consul and his whole family, who was visiting the camp. So we put a stop to the whole thing right then.[3]

Braceros in areas within driving distance of the border sometimes practically commute between their place of employment and Mexicali or Tijuana. This leads, on occasion, to incidents such as that reported in the following news story:

> FIVE KILLED IN GRINDING CRACKUP
> IMPERIAL COUNTY NOW BATTING IN BIG LEAGUE IN TRAFFIC SLAUGHTER
>
> A terrific head-on collision with a truck Thursday morning killed five men in a car and left it splattered on Highway 99 like a giant egg hurled at the desert. . . . The men, contract laborers, were killed instantly when their northbound vehicle smashed into a 29,000 pound semi-tractor and trailer at the Trifoleum Inspection Station 18 miles northwest of Westmorland. . . . Parts of their car were hurled 100 yards in what a California Highway Patrolman and deputy coroner said was one of the worst accidents they had seen. . . .
>
> The truck driver . . . said the car, which was on the wrong side of the road at the point of collision, had had no lights showing. . . .
>
> Deputy Coroner Art Wilson said the car looked as if it had burst open. He said the dead men were contracted

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1 Interview, July 13, 1957.

2 Interview, June 25, 1957.

3 Interview, August 11, 1957.

to the Coachella Valley Farmers Association and were apparently returning there from Mexicali.[1]

In most cases, however, such problems do not arise. Many braceros spend the entire period of their contracts in their own labor camp, without making any particular effort to go to town. Perhaps they are discouraged by the cost of getting to town, and the cost of entertainment or shopping after they get there. Perhaps they are afraid of getting into trouble. Perhaps they are put off by the language barrier. Whatever the reason, the writer found that in a large citrus camp in Southern California, approximately two-thirds of the braceros interviewed had never been to town, even though their camp is less than five miles from a city with a large Spanish-speaking population.

8. Enforcement

Transportation, like housing and feeding, is an "overt" aspect of the bracero program, and accordingly lends itself to surveillance and regulation more readily than such "covert" aspects as health, recreation, real wages, and social change. The Secretary of Labor has promulgated fairly detailed instructions concerning the transportation of braceros. The U. S. Congress has enacted legislation giving the Interstate Commerce Commission jurisdiction over the interstate movement of farm laborers. Several states have passed legislation regarding the intrastate transportation of agricultural laborers--including braceros.

Enforcement of these regulations would seem relatively easy, owing to the "high visibility" of transportation arrangements. But compliance in this area of the program is considerably more difficult than it might appear.

One problem was expressed in the following way, nearly twenty years ago, by Carey McWilliams, at that time Commissioner of Housing and Immigration for the State of California.

> On August 20, 1940, the truck of a labor contractor, loaded with sixty tomato pickers, was involved in an accident near Stockton, California. Tomato pickers weee scattered along the highway for a hundred yards. Twenty-nine of them were treated for injuries. Yet when I endeavored to investigate the accident, three days after it occurred, I could only find seven or eight of the workers involved. In the space of three days, the rest had vanished and no one knew their whereabouts.[2]

This problem of disappearing witnesses has been aggravated by the nature of the bracero program. Administrative and judicial proceedings are not geared to the exigencies of a labor program which, by fiat, removes workers from their place of employment in a matter of weeks, and deposits

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[1] Imperial Valley Press, February 20, 1958.

[2] McWilliams, op. cit., pp. 8-9.

them across an international boundary. In extraordinary cases, a "hold" may be placed upon a bracero who has become involved in an administrative or judicial proceeding. For the most part, however, any action contemplated on behalf of a bracero must labor under formidable handicaps: witnesses who have been returned to a foreign country; a plaintiff who has been returned to a foreign country; a plaintiff who is unsure of his rights, by nature retiring, very possibly illiterate, and usually reluctant to prejudice his chances of obtaining future contracts. Under such handicaps as these, most actions on behalf of braceros never pass beyond the stage of discussion.

Mention should be made, too, of the problem of overlapping and ambiguous jurisdiction. In the matter of transportation regulations, one may almost speak of an embarrassment of riches. For example, if a busload of braceros were being transported from the Yuma Valley to the Coachella Valley, four sets of regulations would apply, at least theoretically, and four agencies would at least theoretically have jurisdiction. A division of labor, well understood and accepted, would seem necessary to avoid the danger that "what is everybody's business will become nobody's business." Owing to the absence of clear lines of authority it is common to see trucks full of standing braceros moving through major traffic arteries of California's agricultural counties; although this is against the law.

Despite the difficultues of enforcement, there is reason to believe that standards in bracero transportation--and in the other "overt" aspects of the program--will increasingly improve. If so, this will presumably reduce the leading cuase of death and permanent disability among braceros in the United States.

9. Comments and Recommendations

(a) In Section III-B, "Pre-contracting Experiences," we commented upon the need for greater control and order in the early phases of the bracero contracting process--i.e., recruitment at the village level, and assembling of aspirants at Migratory Stations. As part of the systematization which is called for, transportation from villages to Migratory Stations, and return, should be arranged for or provided by one of the agencies of government responsible for the conduct of the program.

(b) Transportation from Migratory Stations to the border should be standardized. In no case should workers be transported in freight cars. The "second-class" facilities specified in arrangements between the U. S. Department of Labor and Mexican National Railways should be inspected and maintained much more scrupulously than at present. The U. S. attitude that "we don't dare say antthing" is unjustifiable, and should be modified.

(c) The subsistence which is provided to braceros en route from Migratory Stations to border reception centers, and thence to their places of employment, should take into account braceros' tastes. Both quantity and quality controls should be more carefully maintained.

(d) Article 17 of the International Agreement provides that a bracero-user shall not be obligated to provide return transportation "when a worker does not complete his contract for unjustified cause." The meaning

of "unjustified cause" should be clarified with respect, for example, to its applicability to substandard wages and working conditions.

(e) Federal and State laws and regulations concerning the transportation of farm laborers should be brought closer into line with each other, in the direction of the highest common denominator.

(f) Areas of jurisdiction of the Interstate Commerce Commission, California Department of Industrial Relations, California Highway Patrol, and other enforcement agencies in the area of transportation should be clarified.

(g) Inspection staffs, particularly for the Division of Industrial Safety of the State Department of Industrial Relations, should be strengthened numerically, and given special orientation and training in the unique problems of bringing farm labor transportation under proper surveillance.

(h) Article 11 of the Standard Work Contract, requiring bracero-users to "make arrangements for transportation" to shopping areas once each week, should be clarified and enforced. At present it appears not to be taken seriously by anyone associated with the bracero program.

(i) Ownership and operation of automobiles by braceros should be brought under some systematic form of control. Perhaps driver education courses could be offered in Spanish in bracero camps, and completion of the course made a prerequisite to the operation of automobiles by Mexican Nationals in this country. Special insurance and licensure arrangements would have to be worked out. The bracero-users' associations could do so if they wished. Such a development would presumably lead to greater mobility on the part of many braceros, which, whatever its disadvantages, would have several highly salutary effects. In the first place, it would enable braceros to see more of the United States than its fields and orchards, and enhance the possibilities that the bracero system might indeed serve as a bridge of understanding between the two counrries involved. Even more importantly, perhaps, increased mobility within the bracero program would tend to mitigate one of the characteristics which most frequently leads observers to refer to it as a program of "captive labor."

E. Wages

1. Introduction

To many observers of and commentators upon the bracero system, wages and working conditions are important above all else. Economic considerations are without a doubt the mainspring of the entire bracero program. The wages for which braceros are willing to work and the conditions under which they are willing to work are prime reasons this form of labor appears attractive to American agriculturists. And, at the same time, the difference between common wages in American agriculture and those in Mexican agriculture make the program attractive to many prospective braceros.

Labor standards, as such, lie outside the purview of this report. But we are concerned with the major variables which influence health status

and the receipt of medical care, and wages are clearly such a variable. The bracero's ability to purchase medical goods and services, sanitary facilities, adequate clothing and shelter, and a healthful diet for himself and his family is dependent upon his earnings in the United States.

Somewhat less obviously, but perhaps even more importantly, the bracero's entire constellation of attitudes regarding "North American" ways is likely to be influenced by his economic experiences in this country. If he makes the wages he had hoped, or if he exceeds his hopes, he may well be inclined to look favorably upon the social arrangements which are associated with such wages. For example, he may give serious attention to the farming techniques in his place of employment. He may shift his ideas about what constitutes acceptable housing, diet, and health maintenance. But if he makes net wages in the U. S. which are no better than those he could make in Mexico, he will be less likely to view American ways of doing things as an improvement over those to which he has been accustomed at home.

2. Apprenticeship Standards

The Standard Work Contract provides that a bracero shall receive not less than $2 per day during a period of learning his tasks. The apprenticeship period is limited to 48 hours--from four to six days, depending on the length of the working day. Braceros, however, seem universally unaware of this provision of their contract. They often grow so discouraged during their first few days on the job that they voluntarily return to Mexico.

> I was contracted three days ago and here I am on my way out to Mexico. Why, I was only making enough to pay for my board. I told my boss that I had a family to support and that I needed a job where I could at least make five dollars a day or seventy cents an hour. He took me to the Association where I was told to either work for my present boss or return to Mexico. I chose to return to Mexico. I owe my boss $4.71 for board and insurance. Seven other men also chose to return to Mexico. They said that they have worked in many places and that this is the worst. If they continue here their families will starve. They bring new braceros to this company every day because nobody lasts there over a week.[1]

* * * *

> I waited for 2 months in Mexico City before I was put on the Yucatan State List and permitted to go to Empalme. When I got to Emplame I waited another 15 days before they sent me to El Centro. My friends and I got our contracts on May 19. The contracts states that we are supposed to get 20 cents a sack for harvesting onions. . . . When we got to the field we asked how much we were going to get, to make sure. They wouldn't tell us. After we started working we found out

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[1] Interview, August 1, 1958.

we only got 15 cents a sack.[1] They were big sacks. Working hard all day, the most I could pick was 29 sacks. This took me 11 hours. I wasn't making enough to pay for my board and insurance. All I got clear on my check was 41 cents. I am married and have 2 children, and I sure can't support them with 41 cents. I make more in Mexico.

. . . we were told that since we came so far, from the south of Mexico, that we would be able to choose an employer from northern California. We were ushered into the selection barracks, where we were offered contracts to the Imperial Valley. We refused them. Then the boy who runs the selection barracks marked something on the back of our passports that we had refused. Later, when employers from northern California would come in to select men, they would look on the back of our passports and turn us down. They kept this up for 5 days.

Finally, we were told that if we didn't accept employment we would be shipped back to Mexico. We were forced to accept contracts here in the Imperial Valley. We worked three days, and now we are quitting.

There are seven of us that left our jobs and are going back to Mexico. Out of these seven, I was the one who earned the most--41 cents, net. Another man made 26 cents, another one made 24 cents, and another one made 20 cents. We don't have enough money to get home.[2]

Evidently the apprenticeship provisions of the Standard Work Contract had not been honored in this case. If Article 4 of the contract had been observed, these men would each have made at least 48 cents during the first three days of their employment, regardless of the amount of cotton they picked or the number of sacks of onions they pulled and topped. The contractural guarantee of $2.00 per day during this period was sufficient to have paid board ($1.75) and insurance ($0.09 per day in this particular area), with 16 cents left over each day.

3. Gross Earnings, Hourly

The average gross wages paid braceros in the State of California are probably between 80 cents and 85 cents an hour. (In a moment we shall consider hourly and piece-rate differentials, gross versus net earnings, and the cases of special crops and regions.) A Farm Placement Representative in a Northern California county said,

A National may make up to $30 a day. But those are the ones who are lucky. Very lucky. I personally saw one

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[1] The Farm Placement Service reported 20 cents was the "prevailing wage" for this type of work in Imperial County at that time.

[2] Interview, May 22, 1958.

> fellow's check for two weeks' work. $2.06. How do you like that? $2.06 for two weeks' work. . . . Now, the Nationals are supposed to get the prevailing wage for locals, but there's a little leeway. The prevailing wage is usually expressed as a range, let's say from $0.85 to $1.00 an hour. What do you suppose the National gets? He always get the $0.085 an hour. I've been told there are exceptions, but I've never yet actually seen one with my own eyes.[1]

The manager of a large bracero users' association in the citrus belt reported,

> The citrus industry is ahead of the rest of the agricultural industry. We figure that if a man's worth 85 cents when you pay him on an hourly basis, he ought to be able to earn 85 cents an hour when you pay him on a piece-work basis, too. So we hired a professor of agricultural economics from UCIA to figure out a formula for us that would take into account the set of the fruit, the size of the trees, the slope of the hill, and everything else we could think of that would affect a man's picking speed. With this formula, our crews average right around 85 cents an hour. Actually, what we do is this. At the end of each pay period, we take the top three-fourths of each crew, and figure up their earnings. If they don't average 85 cents an hour, then we adjust the rate per box so that they will be able to earn this much. Say, we're paying 16 cents a box for oranges, we may raise the rate to 16-1/2 cents or 17 cents. We don't take the full crew average, because there are always some goof-offs who aren't really trying.[2]

Still another bracero camp manager in the citrus belt of Southern California said,

> We have some men doing work at an hourly rate, such as irrigating. Here they will make from 85 cents to 95 cents an hour. But most of our work, of course, is picking oranges--navels and valencias--and lemons. This is all on a piece-rate basis. If a man really applies himself in picking citrus, he can make up to a dollar and a half an hour, but on the other hand, you can go broke awfully easy. We have some men in camp right now who seem to be doing their level best, but who just can't get the knack and who can't make a thing.[3]

It has seemed reasonable to pick out the citrus area for special attention because, as one of the informatns quoted above indicated, this

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1 Interview, December 18, 1956.

2 Interview, July 14, 1957.

3 Interview, July 13, 1957.

particular branch of agriculture has adopted somewhat more progressive policies of payment than most. It is almost certainly fair to conclude that braceros working in California agriculture generally are not making average wages in excess of those in the citrus industry.

4. The Piece-Rate System

Agriculture is unique among major industries in its use of the piece-rate system of payment without any sort of wage floor.[1] Growers generally regard piece rates as the backbone of agricultural wage structures. They defend the system on the grounds that it rewards the efficient worker, and gives the inefficient his due, without prejudice to either. The system also has definite advantages for growers: their labor costs become a fixed and known quantity, regardless of the quality or permanence of the labor force; little supervision need be provided; indeed, the entire operation can be, and often is, turned over to a farm labor contractor, and the grower never knows or even sees the individuals who are nominally his employees.

Organized labor tends to oppose the entire philosophy of the piece rate system, at least as it operates in agriculture. This is not the place to consider the system in detail and to decide for or against it. We may, however, note one or two points which are particularly relevant to the bracero's situation.

(a) Piece rates are set unilaterally by growers. Workers themselves have no voice, even a consultative voice, in influencing the level at which piece rates are pegged. On some occasions piece rates are set so low that a competent worker is unable to earn the prevailing hourly rate in the area. For example, an experienced sugar beet thinner in San Joaquin County said,

> Last week, when the beet thinning started, my crew started out at 90 cents an hour. We were all experienced workers, and we were earning our 90 cents. But I guess the growers didn't want to pay that much. One morning, after we had been picked up by the truck and had gotten out to the field, they told us we were being changed to a piece rate. We would get a certain amount for thinning a half-mile row. So we tried it out. We found that the most we could make under the piece rate was 65 cents an hour. It was the same field we had been in before. It was the same crew. We were all experienced. We were doing our best. But we couldn't possibly make anywhere near 90 cents an hour. . . . I don't know who decided to change to piece rates; I know we never found out about it until we got out to the field that morning, and they told us to take it or leave it.[2]

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[1] The garment industry, and certain others, have incentives whereby an adept worker is compensated for unusually high production. There is a minimum, however, below which no worker falls.

[2] Interview, April 27, 1959.

(b) Piece rates are unfair to an inexperienced worker. Although most braceros have done farm work all their lives, few have had any experience in Mexico with the types of crops in which they are expected to work in the United States. Even if the "apprenticeship" provision of the Standard Work Contract were honored, it would be an inadequate protection for the bracero, not only because of its low guarantee (25 cents per hour), but because 48 hours is insufficient time in which to gain proficiency in many pre-harvest and harvest operations. A Federal employee connected with the bracero program said, "It is only natural for the men not to make money for the first two weeks."[1] The foreman of a crew of bracero lemon-pickers estimated that it takes at least a month for his men to gain skill in this task.[2] A student who had made a special study of the bracero program stated,

> The braceros were guaranteed the payment of wages established as the "prevailing wage". . . . In the Cucamonga area the prevailing wage averaged $0.70 an hour. . . . In reality, very few of the braceros were making the established prevailing wage because the majority of them worked at a piece rate instead of an hourly rate. It takes several weeks for anyone to become proficient in picking oranges, lemons and other crops for which these men were paid at a piece rate, making it very difficult for many of them to earn as much as the prevailing wage rate until late in the season. By this time the productivity of many of these crops had diminished.[3]

(c) Braceros are often unaware of the basis on which they are being paid. According to the Secretary of the National Agricultural Workers Union,

> A striking characteristic of the wage structure in the employment of Nationals is the frequency with which pay rates are changed. In the course of a week a crew may alternate between piece rates and hourly rates several times. Because of such frequent and unannounced changes in the rate of pay, it is often very hard to determine just what wage the men are receiving. . . . Often when a worker was asked what wages he was receiving he would answer: "I won't know until pay day."[4]

The manager of a large citrus association said, in effect, much the same thing:

> It's a real headache to keep abreast of the wage rates. Our workers go into both San Bernardino and Los Angeles counties. Sometimes the county line will go right through the middle of an orchard. There'll be different rates for

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[1] Interview, September 5, 1958.

[2] Interview, June 24, 1957.

[3] Martinez, op. cit., p. 34.

[4] Galarza, op. cit., pp. 32-33.

the two sides of the orchard. It drives our foremen and bookkeepers nearly nuts.[1]

In consequence of such factors as these, the mechanisms of payment in California agriculture frequently lead to dissatisfaction on the part of braceros.

> We had a very bad contract. I would only make 10 to 12 dollars a week. Only one day out of the six weeks did I work by the hour. Then I got 90 cents an hour. The rest of the time we picked berries by contract. We got 40 cents for each crate. It took us almost an hour to pick a crate because the crop was very poor and the good berries were scarce. One of the crews of 30 to 40 men went on strike, their pay was so low. All the big chiefs of the association came out to talk to them. They said that the wages we were receiving were the same as the locals.[2]

* * * *

> During my whole contract, the biggest check I ever got was $10. Mostly they were around $4. I won't even be able to pay the debt I got into just to come to the United States. . . . We only worked 2 days at 90 cents an hour. Then we were paid by the box. Some days we would only make 3 boxes at 50 cents a box. . . . Our forelady was the meanest person I ever saw. She would dump over the boxes of strawberries we picked, yell at us, cuss us out. The food was bad; the barracks were filthy. When it rained, more water would come inside the barracks than it was raining outside.[3]

* * * *

> I had a very poor contract. The first two weeks were all right, because we got paid by the hour. The rest of the time we got paid by the contract. Why, I never got enough to pay for my board. In fact, I still owe them money for my board. I left my contract. Right now, I haven't got a penny. Some fellows got 9 cent checks. Some broke even. Some like myself owed the association money at the end of the work period. Many boys quit their contracts. When we told the boss that we wanted to work by the hour, he got angry and said we were all lazy. We told him that we are not afraid of work, but he wanted to get us to work for nothing. He said if we didn't like it to return to Mexico. There are plenty of other men.

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[1] Interview, July 11, 1957.

[2] Interview, July 3, 1958. At this time, the prevailing rate for strawberry picking in San Joaquin County, reported by the Farm Placement Service, was 50-70 cents per crate.

[3] Interview, June 10, 1958.

We showed the association agent the check stubs and all he said was, "Well, boys, we are all Mexicans and we don't give up. Keep working."[1]

Growers fear that payment on an hourly rather than a piece rate will promote "soldering." Many who are close to the agricultural scene deny that this need be the case. A supervisor for the Farm Placement Service said,

> Look at me. I've got long legs. I can walk pretty fast. Well, I've seen Nationals who could scuttle down a row of sugar beets, crab-wise, faster than I could walk down the row behind them. They would have their short-handled hoes in one hand and would swipe the loose plants and crud away with the other hand. And they would keep that up all day.
>
> Now, maybe this particular crew was on piece rates--so much an acre. But they could just as well have been paid by the hour. It really doesn't make much difference, one way or the other. I'll tell you why. If they're paying by the hour, the foreman will select the very best worker from the whole crew, and make him a pusher. Maybe he'll promise him a bonus or something. So he sets this pace, like I was saying, faster than an ordinary man can walk. The crew starts at one edge of the field; each man has a row, or maybe a double row, that he has to do. They have to stay close to the pace that the pusher sets. If they fall behind, it becomes conspicuous as hell. If you don't keep up, you stick out like a sore thumb. And if a man lags behind consistently for an hour or two, or maybe half a day, he's had it.[2]

5. Payroll Deductions

Many deductions from the pay of braceros are authorized by the Standard Work Contract. These deductions vary from area to area. Nonoccupational health insurance costs the workers $2.00 a month in some states; $4.00 a month is the premium throughout most of California. In some parts of the country, braceros commonly prepare their own meals; in California, braceros are almost always fed by employers' associations, contractors, or concessionaires. The cost to the workers is invariably the maximum allowable under law: $1.75 per day.

These standard deductions often raise questions and cause unhappiness among the workers.

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[1] Interview, June 26, 1958.

[2] Interview, May 2, 1958.

The hardest thing about contracts where there is not much work is the $1.75 charge for board. That can eat away all the little earnings a man can make.[1]

* * * *

I worked from September to November, 1957, picking cotton in Imperial Valley. . . . I only made enough to pay for my room and board the whole time. Some weeks I would come out owing my boss money.[2]

* * * *

I hardly made any money. I would make from $2.00 to $8.00 daily. Mostly in the lower $2.00 and $3.00 bracket. From this there were deductions. In the month that I have been here, I have only made $25 free. I have spent nothing on myself. I have sent it all home, but it is not enough. Here is a letter from my wife. She says they are all hungry. They have nothing to eat but hard tortillas. She says the children want to leave home to beg. She asks, "Why do you not send money home?" After I received this letter, I borrowed $15 from a friend of mine who was very kind, and I sent that home along with my last check, which was $10. When I get back to Mexico I am going to try to get a contract for a different place. Salinas is not good.[3]

In addition to these standard deductions, braceros are sometimes subject to other deductions, which they may or may not understand, and which may or may not be permissible under the terms of the Standard Work Contract. For example, for three years, braceros engaged in pulling and tying carrots were charged for "twist- 'ems" (tying wires) despite what would appear to be a very clearly worded provision of the Standard Work Contract: "The employer shall furnish the Mexican worker, without cost to such worker, all the tools, supplies or equipment required to perform the duties assigned to him under this contract."[4]

A Spanish-speaking nurse who worked for a doctor who had many bracero patients said,

The braceros who were waiting to see the doctor used to tell me their troubles. I felt so sorry for them. They had come up here with such high hopes, and I talked to so many who were going back discouraged. . . . Many of the men used to complain to me that money was being deducted

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[1] Interview, June 10, 1958.

[2] Interview, May 1, 1958.

[3] Interview, June 4, 1958.

[4] This situation was only corrected after a special Joint Interpretation by the U. S. and Mexican governments was written into the contract in August, 1954.

from their checks for things besides board and insurance. They never quite understood what the other deductions were for. When I suggested they ask the association about it, they said, "Oh, no. They would get mad." I know of many cases where braceros were simply quitting and going back to Mexico. I know of many other cases where fellows who were unhappy were skipping their contracts and heading farther north. They had heard they would get a better deal up there.[1]

The weekly check from a bracero who had been picking cotton near Westmorland, California, contained the following information:

9/1	2	3	4	8/29	30	31	TOTAL TOTALES	EARNED SALARIO	INS. ASEGURO	BOARD COMIDAS	NET PAGADO
80	93	116	117	69	67	86	688	20.64	3.15	14.00	3.49

In some respects, this is a better than average check. Captions are in both Spanish and English, as required by law, but often omitted in braceros' pay checks.[2] The amount of cotton the worker had picked each day during the pay period was also recorded, another important type of data which is often missing from braceros' checks. However, in other respects, the check reproduced above leaves something to be desired. For example, it neglects to indicate the rate of pay ($3.00 per hundredweight), although Article 19 of the Standard Work Contract requires that this information be included. Of even greater pertinence to the present discussion are the two types of deductions listed. This bracero was working for an association which charged 9 cents a day, or $2.70 a month for nonoccupational health insurance. It is difficult to understand, then, why $3.15 was deducted for insurance from the worker's weekly pay. One is similarly puzzled by the $14.00 deduction for board, since $1.75 per day for seven days amounts to $12.25.

Another recent pay check from the same company contained the following information:

4	5	6	7	8/1	2	3	TOTAL TOTALES	EARNED SALARIO	INS. ASEGURO	BOARD COMIDAS	P.	NET PAGADO
85	69	78	109	53	58	73	525	15.75	2.88	12.25	.50	.12

The deduction for board is correct. The deduction for insurance appears to be predicated on a 32-day month. But the deduction of $.50 for "P." is of particular interest. The work contract requires an itemization of all deductions. "P." would seem a somewhat ambiguous

[1] Interview, June 10, 1957.

[2] See, for example, Galarza, op. cit., p. 40.

itemization. The bracero who received this 12 cent check stated that he had no idea what the "P." was for.[1]

In an altogether different part of the state, a bracero said,

> Why are there no inspectors who come here to help us? In the camp where I used to work, the checks showed how many boxes we picked, and how much we were paid for each box, so we would know if there was a mistake. Here they do not do that. I keep my own record of how many boxes I pick, but when I get my check it just has one number on it--how much I made libre. I cannot tell if I am being cheated or not. Why do they not put on our checks the number of boxes we picked and the rate of pay for each?[2]

Another type of deduction may also be mentioned. A bracero who had been cutting asparagus in San Joaquin County said, "It seemed to us that we were being cheated. We were supposed to be paid by the pound, but it seemed to us that we got paid very little for all the pounds we cut."[3] This bracero was unaware that he and his fellow workers were being paid only for the asparagus which was accepted in the packing sheds as standard quality. Crooked and undersized stalks, although often marketed, are considered "culls." Furthermore, the bottoms are cut from the stalks before weighing. Approximately one quarter of the field weight of the asparagus is removed before they pay of the field workers is calculated. None of these details is mentioned in the braceros' contracts.

Another common type of "deduction" from the average bracero's pay consists in charges for cashing checks and sending the money to Mexico. Many braceros do not go to town to cash their checks, because they are geographically isolated, as in the delta islands of San Joaquin County, or because they do not know any merchants who might perform this service. The following practice, therefore, is commonplace:

> Most of us give our checks to the foreman on payday. He takes them into town with him, and cashes them. I do not know where he cashes them. If we ask him to, he brings the money back to us. Or, if we ask him to, he buys a money order and sends it to our family in Mexico. If he just cashes the check, he charges us $1.00. If he sends a money order, he charges us another $1.00.[4]

6. Hours

Few complaints are heard from braceros more often than the complaint that they are not permitted to work as many hours as they would like. In the Imperial Valley, for example, braceros do not usually consider a 70

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[1] Interview, October 1, 1958.

[2] Interview, September 20, 1957.

[3] Interview, July 2, 1958.

[4] Interview, May 12, 1958.

cents per hour wage unjustly low--but they consider a lack of work very unjust indeed. Braceros are living refutations of the popular myth that Mexicans sleep under cactuses, with sombreros pulled down over their faces. Braceros want to work, and they want to work as long as they are allowed to do so. A representative of the Farm Placement Service said,

> The Nationals will work themselves to death if you let them. The 8-hour day means nothing to them. They work 11 or 12 hours, and think nothing of it. In fact, they are happy doing it. The growers would prefer not to have the men working such long hours, because their efficiency goes down. The employer would prefer to hire more Nationals, so they would be fresh.[1]

Braceros are frequently not given the opportunity to work as much as they would like. Sometimes this is due to climatic conditions:

> I had a very bad contract on this trip. I was sent to Oxnard. I worked for the _____ _____ _____ Growers. We were supposed to pick lemons. But it rained a lot, so we were only able to work about 3 days out of each week, on the average. . . . On the days that I worked, I only made about $4.00 clear. On other days, we made nothing, but they charged us for board just the same. In five months at Oxnard, I was only able to send $110 to my family. I had hoped to be able to do better than than, because I have a large family--six children--and everything is very expensive where they live, in Mexicali.[2]

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> My friends and I were contracted from March, 1958, until September, 1958, but we are quitting because we can't afford to keep working here. We were working for the _____ _____ Association. We worked less than half the time, and only half the day even on those days. We were not making enough to pay our board. Then they told us that next week they were planning to cut down on our hours even more. That is when we decided to go back to Mexico. When we quit, they refused to pay us what was coming to us. They said we would have to wait a week, until they could make out the checks. But we couldn't stay around there, waiting all that time, because they would have kept on charging us for the board, and we would have ended up owing them money. They owe each of us for 54 hours of work at 36 cents an hour and 176 boxes at 20 cents a box. Who can we see about getting our money? Can you help us?[3]

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1 Interview, December 12, 1956.

2 Interview, May 23, 1958.

3 Interview, May 23, 1958.

I did not get much work during this contract. It rained too much. There were entire weeks that we did not work, and days that we did work we worked only half a day. It got so bad that the boss finally told us he would stop charging us for board. He said we could buy our own food from then on. We never got a cent from that man that we didn't earn.[1]

One bracero was still able to joke about the situation: "It is a funny thing. At my home, there is no work because there is not enough rain. Here there is no work because there is too much rain."[2]

In other cases, weather conditions seem to have little or nothing to do with the fact braceros are given the chance to work only abbreviated hours.

The first 18 days we were in camp, we worked every day. We worked 18 straight days. Then we did not work a single day the rest of the month. We sat around for two weeks. We just sat around waiting to be sent home. We were charged for board the whole time. Most of the men ended with just enough to pay the board. I have just eight dollars left, from the whole month I was here. I live in Michoacán. I will be lucky if I can pay for my transportation back to my home.[3]

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We only worked about four dours a day. When you work so little, you make no money. I won't even be able to get to my home in Guanajuato. I will just have to stay in Mexicali and try to get another contract.[4]

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There were seven of us working for our boss. There was not even enough work for all seven of us. Then the boss brought in three "specials." He gave whatever work there was to them and nothing at all to us. When I asked him about this, he just turned his back and walked away.[5]

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[1] Interview, June 2, 1958.

[2] Interview, April 16, 1958.

[3] Interview, September 1, 1958. The bracero who works in California is given return transportation to Hermosillo, Sonora--about 160 miles below the Arizona border. He is responsible for his own transportation from this point to his home, which on many cases is another 1,500 miles south.

[4] Interview, April 2, 1958.

[5] Interview, June 27, 1958.

> Last fall, we were contracted for six weeks to work at Rio Hondo, Texas. We were going to pick cotton. There were 32 of us. The work didn't last as long as they thought. The work ran out in fifteen days, and they sent all of us back to Mexico.[1]

A compliance officer for the U. S. Department of Labor said,

> They shouldn't be contracting braceros for work here in the Imperial Valley. They only work 2 or 3 hours a day as it is. If I had my way, I wouldn't let another one come in until the work picks up. But I have nothing to say about it.[2]

The Standard Work Contract specifies that braceros shall be given the opportunity to work at least three-fourths of the time, defined as 64 hours in each 2-week period. Failing this, the employer "shall furnish the worker one day's subsistence for each 8 hours or fraction thereof that the employment offered is less than 64 hours. . . ." Subsistence is defined as three meals per day.

The California Department of Employment, to which the Secretary of Labor has delegated the authority to certify the use of Mexican Nationals in this State, has gone beyond the Federal regulation. The Department has a policy to the effect that the number of braceros shall be considered excessive if average employment dips below 40 hours per week. The statements of many braceros and officials, some of whom have been quoted above, suggest that both the Federal and State requirements in this regard are widely violated. The evidence strongly suggests that braceros are over-certified in many areas and many crops, owing to faulty estimates of labor requirements.

7. Length of Contract

Among the crucial variables affecting the bracero's ability to achieve his aims is the length of the contract he receives. In Chapter II, we noted that many braceros must go heavily into debt in order to negotiate the contracting process. Even given the most favorable wages and hours, they must often work a month or more simply to pay these debts. Only then do they begin to earn toward the support of their families. The average bracero, therefore, is delighted if he is so fortunate as to receive a six-month contract, which is the maximum, and dismayed if he receives one for four weeks, which is the minimum.

In the following table will be found the replies we received when we asked a number of braceros, how long they would like to stay in the United States under contract.

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[1] Interview, July 8, 1958.

[2] Interview, June 22, 1958.

Table 15

Replies of 247 Braceros to the Question, "If You Had a Chance, How Long Would You Like to Remain in the United States as a Bracero?"

Length of Stay	Number	Per cent
Six weeks	5	2.0
7 weeks - 5 months	6	2.4
6 months	23	9.4
7 - 17 months	22	9.0
18 months	152	61.5
"It depends"	7	2.8
"I have no choice"	10	4.0
Don't know	22	9.0
TOTAL	247	100.0

As several of our informants indicated in their replies to this question, length of contract, like every other condition of their employment, is usually quite beyond the braceros' control. There is only one way in which a contract worker may occasionally play a part in determining how long he is to remain in this country. That is through the mechanism of contract extensions, by which some associations reward "good workers." The policy was enunciated in the following manner by the manager of a bracero-users' association in the Southern California "citrus belt."

> We use only six-week contracts here. You may wonder why, since we work with a year-around crop, and the number of Nationals we have here never varies by more than a couple of hundred--from a low of, say, 500, to a high of, say, 700. Well, the reason is that we never can be sure of what we are getting from the Reception Center. Oh, sure, we pick the men, and we have a pretty good batting average, but we make some mistakes. We have found that if we get a real odd-ball, instead of going through all the trouble of calling in the Mexican consul and compliance officer, and repatriating the man right then and there, it's easiest to let him fiddle around till the end of his contract, and simply not renew the contract. We tell all the men, when they first come in, that if they keep their noses clean, do what they're told, and give us an honest day's work, that they stand a good chance of getting their contracts extended. The ones who do a good job will get six weeks' extension, and at the end of that time they're eligible for another six weeks' extension, and so on. We have many workers who stay with us for eighteen months, and then go home for a short furlough, and come back for another eighteen months.[1]

[1] Interview, July 23, 1957.

8. Dishonest Practices

There are some practices on the part of some bracero-users and labor contractors, affecting the wages braceros receive, which are difficult to construe as anything but intentionally dishonest. For example, a compliance officer for the U. S. Department of Labor said,

> When I first came into this territory, I found it to be quite a common practice for the growers to work their Nationals for, say, 12 hours a day, and pay them for only 8. But I didn't fool around with that kind of stuff, and we've pretty well cleaned it up now.[1]

A bracero in the San Joaquin Valley reported,

> We sometimes work 9 or 10 hours, but the foreman only marks us down for 8. We have wondered why he does it, but we haven't said anything to anybody. The inspector never comes here.[2]

A bracero who had just completed a contract in San Diego County reported,

> We had a foreman named _____ who did not pay us for all the hours we worked. Our wages were short. I asked him about it. He said if I gave him some money, he would check on it. I gave him all the money I had, which was $3.80. He went away, saying he would find out what the trouble was. I never saw my money again, and I never did find out why we had been getting short wages.[3]

Another patently dishonest practice which seems to be quite common--at least, which is widely rumored--is short weighing.[4]

> None of the men in my camp went to work today. It is just no use working. We make no money, whether we work or don't work. . . . When we weigh in the cotton, instead of only deducting four pounds for the sack, they deduct ten pounds.[5]

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> When we complain to the foremen, we are told that if we do not like it we can go back home. Several of the men have gone back home. Several have gone back because they

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[1] Interview, May 8, 1957.

[2] Interview, May 12, 1957.

[3] Interview, June 26, 1958.

[4] This is not to be confused with the practice of culling and trimming before weighing which, although puzzling to many braceros, is apparently legitimate.

[5] Interview, September 26, 1958.

are robbed of pounds when they weigh in. Last week a bracero named _____ _____ complained of a shortage when he weighed in. The shortage was 8 pounds, to be exact. The foreman deducted twelve pounds, but the sacks only weigh four pounds. When this bracero complained, the foreman threw the cotton sack back at him, and it struck him in the face. His eye was injured, and he went back to Mexico.[1]

Most crops, although theoretically picked by weighable units, do not involve the use of scales. Potatoes, for example, are paid by the stub; a stub is a half-sack, or 50 pounds. Fruit is commonly paid by the lug, which may be 25, 40 or 50 pounds. Vegetables may be picked by the hamper (peas, snap beans), the bucket (cucumbers, soft squash), the box (tomatoes), or the sack (carrots). In every case, it is assumed that the unit has a standard weight. A bucketful of normal, orchard-run apricots, for example, weighs about 22 pounds. A level boxful of canning tomatoes weighs approximately 50 pounds, net; the same box, filled level with peaches, has a net weight of approximately 40 pounds. The Secretary of the National Agricultural Workers Union has made the following public statement:

> After very careful observation over many years, and checking with every device I could, including taking scales out to the fields in some instances, I have come to the conclusion that the average field worker in California does 15% more work than he is paid for. In the potato and dry onion harvests, the workers are required to fill their sacks until they weigh as much as 65 or 70 pounds. In melons, they are told "throw another melon or two into the crate." In soft fruits, they are told that the standard unit is a heaping pail. If their pails are not heaped high enough, they are sent back until they are. I hardly need to tell this audience that this abuse is particularly flagrant in the case of the Mexican Nationals. The National doesn't know when he is being milked, half the time. The other half of the time, he keeps mighty quiet--or he is shipped back to Mexico as a troublemaker.[2]

In the absence of a large-scale investigative apparatus, and subpoena powers, it is impossible for us to say with assurance how widespread or how isolated corner-cutting on the part of braceros' employers and labor contractors actuallyis.[3] The fact that we encountered a number of instances of dishonest practices in our relatively modest survey should not be taken to mean that such practices are usual throughout California

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[1] Interview, October 11, 1958.

[2] Dr. Ernesto Galarza, Address before the Human Rights Section, 1st Annual Issues Conference, California Democratic Council, Fresno, March 3, 1959.

[3] As this report is being written, the Division of Criminal Investigation of the California Department of Justice has two investigators studying alleged abuses under the bracero program.

agriculture. But, even if later investigation were to prove such violations rare, they would remain important both in and of themselves and, also because they are the stuff of which barracks discussion among braceros is made. In terms of the manner in which the bracero program operates, it is less important to know that a certain labor contractor did or did not defraud his employees than to know that several hundred braceros think that he did.

9. Wages, Net

We have already discussed, in Sections 3-5, above, the subject of gross wages. In the context of the bracero program, however, this is a matter of more interest to compliance officers than to braceros themselves. Braceros often have little or no recollection of their wages before deductions. Most are concerned rather, with their net pay--or, to be even more exact, with the amount they are able to return to Mexico for the support of their families and dependents.

In the course of the present study, a number of braceros were asked how much money they had made, after deductions, during their most recent contracts. These informants were unselected in any way, aside from the fact all had completed one or more contracts in the United States. Replies of those who recalled their total net earnings were as follows:

Table 16

Replies of 468 Braceros to the Question, "What Was the Total Amount of Money You Made, After Deductions, During Your Most Recent Contract?"

Total Net Earnings	Number	Per cent
$0	3	0.6
1-50	16	3.4
51-100	52	11.1
101-150	55	11.8
151-200	61	13.0
201-250	33	7.1
251-300	43	9.2
301-400	36	7.7
401-500	36	7.7
501-1,000	54	11.5
1,001 or more	32	6.8
TOTAL	468	100.0

Median: $220

These informants were asked how long they had been in the U. S. during their most recent contracts. For the 429 who remembered this information, it was possible to calculate their average weekly earnings after deductions.

Table 17

Average Net Earnings Per Week of 429 Braceros, During Most Recent Contract

Net Weekly Earnings	Number	Per cent
Less than $5	12	2.8
$5 - 9	42	9.8
10 - 14	64	14.9
15 - 19	104	24.2
20 - 24	75	17.5
25 - 29	52	12.1
30 - 34	24	5.6
35 - 39	14	3.3
40 - 44	14	3.3
45 and over	10	2.3
Don't remember	18	4.2
TOTAL	429	100.0

Median: $19

Our informants were asked, next, how much of their net wages they had spent in the area of their employment (a consideration, by the way, of great interest to merchants in bracero-using areas). Expenditures given here are out-of-pocket, as distinguished from board and insurance which are automatically deducted from braceros' pay.

Table 18

Expenditures in the U. S., During Most Recent Contract, Reported by 394 Braceros

Amount Spent per Week	Number	Per cent
Nothing	40	10.2
$0.01 - 0.99	8	2.0
1.00 - 1.99	54	13.7
2.00 - 3.99	85	21.6
4.00 - 5.99	81	20.6
6.00 - 7.99	45	11.4
8.00 - 9.99	26	6.6
10.00 -11.99	18	4.6
12.00 and over	16	4.1
Don't remember	21	5.2
TOTAL	394	100.0

Median: $4.00

For the most part, U. S. expenditures are regarded by the bracero as further deductions from his pay. He must buy shoes and work clothes, as his sandals and Mexican field "pajamas" make him uncomfortably conspicuous and are often ill-adapted to U. S. working conditions. He must buy soap to keep himself and his clothes tolerably clean. Many of his other expenditures are for things which can only be regarded as essentials.

The wages which preccupy the bracero, therefore, are those which he is able to realize after all the expenses attendant upon his U. S. trip have been met: the wages, in a word, which he is able to mail back to his family in Mexico, or carry back with him when he returns.

Table 19

Average Weekly Amount Returned to Mexico During Most Recent Contract, Reported by 398 Braceros

Dollars per Week	Number	Per cent
$0	9	2.3
1 - 4	17	4.3
5 - 9	76	19.1
10 - 14	92	23.1
15 - 19	60	15.1
20 - 24	66	16.6
25 - 29	27	6.8
30 - 34	17	4.3
35 - 39	6	1.5
40 and over	10	2.5
TOTAL	380	100.0

Median: $14.77

Here we see that the most meaningful wage estimate (i.e., a true "net" figure) for braceros in California is $14.77 per week, or $2.11 per day. Let us consider this figure in relation to braceros' estimates of their families needs.

One of the questions we asked a number of braceros was, "What is the minimum amount that you need to maintain your family in Mexico?" Replies were in terms of pesos per day, but have been translated into equivalents of dollars per week for convenient comparison with the data in Table 19.

Table 20

Responses of 125 Braceros to the Question, "What is the Minimum Amount You Need to Maintain Your Family in Mexico?"

Dollars per Week	Number	Per cent
Less than $2.80	1	.8
2.80 - 5.11	11	0.8
5.12 - 7.91	37	29.6
7.92 - 10.71	23	18.4
10.72 - 13.51	16	12.8
13.52 - 19.11	24	19.2
19.12 - 24.71	3	2.4
24.72 - 30.31	8	6.4
30.32 or more	2	1.6
TOTAL	125	100.0

The median was approximately 17 pesos per day, or $1.36. In all likelihood, this figure is unrealistically low. Given the strict division of labor traditionally maintained between the sexes in Mexico, most males probably have only the vaguest idea of what their wives actually need for food, clothing, and other family necessities. Furthermore, in their responses to the above question, many informants specified that they were talking solely in terms of "beans and tortillas." To live at anything but the level of mere animal survival, it is likely that a family in rural Mexico would need 25 pesos a day, or more.

However, let us accept the minimal figure of $1.36 per day. We have already seen that average net earnings among our informants were $2.11 per day, or $0.75 beyond the barest needs of their families. In many cases, this $0.75 is no doubt being used to retire debts assumed during the contracting process. In the cases of those braceros who are fortunate enough to obtain their contracts without going into debt, it is perhaps being used to buy a diet somewhat more varied than tortillas and beans. It seems evident that on the strength of savings of this magnitude, few braceros are able to buy businesses, obtain an education, or otherwise lift themselves above the common laborer class. Many, it may be assumed, are unable even to retire their debts, and are thus virtually forced to return to the United States again, in hopes of a better contract. Some, of course, fare better economically than they could hope to do by remaining in their home villages--particularly those who are recruited from famine areas, under the Mexican Ministry of the Interior program discussed briefly in Chapter II.

It should be remembered, throughout this discussion, that our interviews were almost wholly limited to braceros who had been working in California in which farm wages tend to be the highest and working conditions, the best, of any of the Nation's 27 bracero-using States.

10. Comments and Recommendations

To a considerable extent, agriculatural wages are shaped by forces beyond the influence of the agencies which administer the bracero program and are hence beyond the scope of this report. To an important extent, however, the bracero program itself shapes the general farm labor market, including the wages which "prevail," and to this extent it is appropriate for us to consider actions which might be taken by the administrative agencies in this dimension of the program.

(a) To be meaningful, the key phrase "prevailing wage" should be construed as the wage which domestic agricultural workers would most probably be receiving if the influence of the bracero program were removed. Braceros, for example, should not receive lower wages in a given crop-area than prevail in the nearest crop-area in which no braceros are employed.

(b) Wages should be determined after public hearings at which testimony is presented by all interested parties--as provided by Public Law 78--rather than through unilateral wage-setting by growers' associations, as at present.

(c) The apprenticeship provision, under which braceros may be paid only 25 cents per hour for the first week at piece rates, is widely ignored, and to the extent it is recognized at all is often abused. Braceros who are shifted from one employer to another in the middle of their contracts may find themselves back at the apprenticeship rate with each new employer even though the crop is the same. The apprenticeship provision should be more rigorously enforced, and the figure involved should be a realistic one. The wage orders of the California Industrial Welfare Commission call for a learners' wage of 85 cents per hour when the standard rate is $1.00 per hour. Some such ratio as this should be provided in the bracero's Standard Work Contract.

(d) The "minimum wage" provision of the Standard Work Contract, which in effect calls for a floor of only $1.75 per day, should be altered to a requirement that piece rates be set at such a level that workers are able to earn the equivalent of the most common hourly rate in the area.

(e) Regulations governing permissible deductions from braceros' paychecks should be more rigorously enforced.

(f) Regulations concerning itemization on pay-checks of hours worked, piece rates, units of production, and other relevant pay information, should be more rigorously enforced.

(g) Regulations concerning the "three-fourths time guarantee" should be enforced, not only through inspection of employers' records, but by regular field-checks and interviews with workers.

(h) Regular inspections should be made, by an agency whose impartiality is unquestioned, of the weights and measures of the units for which braceros are paid under piece rate schedules. These inspections should not be announced in advance. If short-weighting is found, back wages should be paid, and the future piece rate should be adjusted upward.

(i) All incoming braceros should be given a thorough-going orientation regarding the wage regulations contained in the basic legal instruments governing the program. This orientation should also cover the implementing instructions which have been issued by the Department of Labor and State Department of Employment.

F. Use of Leisure Time

1. Introduction

Every man's use of his leisure time is important to his physical, mental, and social well-being. Recreation and other uses of leisure time are probably particularly important to the Mexican National, since he is removed from his accustomed social context in which work and leisure blend together into a round of life.

Some employers and administrators associated with the bracero program do not feel that recreation should be considered a problem. For example, the manager of a bracero camp in Southern California said,

> A Mexican boy doesn't require much in the way of recreation or entertainment. They don't go in much for sports and games the way we do. Mostly, in the evenings, they just like to sit around.[1]

The manager of a bracero camp in Northern California said,

> You don't have to worry about their off-duty hours. They get up at 4:00 or 5:00 in the morning, you know. After they dress and eat, they go out to the fields. When they get in from work at night, they eat, first thing. Then they get cleaned up a bit, see if they got any mail, maybe write a letter, maybe wash some dirty clothes. By that time, they're ready to hit the sack. They're mostly in bed by 8:00 p.m.[2]

Later in this section, we shall examine certain of the assumptions in these two quotations--for example, the assumption that braceros do not care for sports, and the assumption that many braceros spend their evening hours corresponding with their families. At this point, let us raise a more fundamental question. Is it true that braceros have little leisure time, and hence few problems in utilizing leisure time? In some cases, perhaps so. When given the opportunity, braceros will work from dawn until they fall into bed at night, seven days a week, and count themselves lucky to have this privilege. As we noted in the previous section, however, it may happen that braceros are given only the minimum amount of work specified by their contract (32 hours per week), or less. Spare time looms large in the experience of some, and possibly many, braceros in the United States. In this chapter, we shall discuss the principal ways in which this spare

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[1] Interview, June 21, 1957.

[2] Interview, January 7, 1957.

time is spent, and we shall comment, in passing, on some of the implications which this subject has for the larger life and well-being of the individual contract worker.

2. Education

In our sample of more than eleven hundred informants, we found the average bracero had had somewhat less than 2 years of schooling.

Table 21

Completed Years of School Reported by 1,128 Braceros

Years of School	Number	Per cent
0	425	37.7
1	139	12.3
2	197	17.5
3	167	14.8
4	90	8.0
5	41	3.6
6	54	4.8
7	4	0.4
8	2	0.2
9	0	0.0
10 or more	9	0.8
TOTAL	1,128	100.0

This is not to say that braceros are unintelligent, nor is it to say that they are indifferent to the advantages of further education. Most have simply not had the opportunity for more than two or three years of school. One bracero said, "We do not have much schooling, because where we come from the teachers only hold school whenever they want to. When there is work in the fields, there is no school."[1]

In informal discussions with some hundreds of braceros, the writer has found many who demonstrated an active interest in taking classes in this country--if classes were available. Many for example, were interested in learning about new techniques of farming. Many wished to learn to read and write Spanish, so that they might correspond with their families.

[1] Interview, April 20, 1958.

Conversational English was of particular interest.[1] One bracero said,

> I want to learn English. I have a book, and have been studying on my own. I know many words, but I have much trouble in putting them together. As soon as I have saved enough money, I hope to buy a bicycle so that I can go into town at night for English classes. It is good to know English so that one can get ahead.[2]

The mayordomo of a bracero camp reported,

> Quite a few of the men are interested in learning the English language. . . . Just a couple of weeks ago one of the men came to me and said that he would like to be moved out of the barracks so he could have more privacy. He wanted to move into a tent. I said, "What for?" He said that he had bought a phonograph and a set of records, and was trying to teach himself English. He sometimes listened to the records late at night, after the other men were in bed, and he didn't want to disturb them. So I arranged to have him moved to one of the tents that we have here, and every evening he plays his records. He seems to be coming along. Every time I see him, we speak a little English back and forth.[3]

A Mexican-American told us,

> Last weekend I got to talking with a crew of ten or twelve Nationals up in the Hemet Valley. I asked them if they would like to take classes at night. For example, I asked them if they would like to learn the English language. They said that they would. They didn't expect to be able to learn English perfectly. But they all said they would definitely like to know enough English so that they could get around on public transportation and buy things in stores. Another thing they said was that they wished they knew English so they could understand the orders their bosses give them. It seems that several of the growers and foremen here don't speak anything but English.[4]

One cannot be certain, of course, that everyone who says he would like to go to night school would actually do so, given the chance.

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[1] Relatively few braceros are able to say so much as "hello" or "thank you" in English. Tourism is presumably spreading English in Mexico, but braceros are drawn from areas to which tourists do not often penetrate, and from occupations which do not cater to the tourist trade. Of the several thousand braceros who were contacted, in formal interviews or informally, during the present study, only a handful demonstrated any significant knowledge of the English language.

[2] Interview, November 15, 1958.

[3] Interview, August 13, 1957.

[4] Interview, July 17, 1957.

But very few braceros have ever been given the chance. There are several problems involved in any attempt to place braceros in regular night school classes in nearby communities. The director of a settlement house in Riverside said,

> One of our biggest services is English classes for the Spanish-speaking. We have lots of local people taking them, getting ready for citizenship. We extended an invitation to the Nationals in the camp outside of town to come in and take these classes. Free, of course. We had twenty or twenty-five doing it at one time. But then they began to drop off. Finding a way to get into town was the biggest headache. We don't have any transportation facilities. The men had to come in on their own. There's no public transportation out there. One of the men had a car, and he would bring a whole bunch of them in, but then he was repatriated. Maybe some of them were hitch-hiking, but that's too unpredictable. The trouble with having the men come in here is that the classes can't be flexible. They have to be on the same day every week, and they have to start at a certain hour. It would be much better to have a teacher go out to the camp.[1]

Although there are perhaps others with similar arrangements, the writer is aware of only two bracero camps in which classes are held.[2] The manager of one of these camps said,

> During the school year, we have English classes right here in the camp. A teacher is sent out by the Adult Education Division of the Covina School District. This gets a very good response. At first almost everyone attends the classes. Many of them are just curious to find out what it is all about. When they find out how much work is involved and how difficult it is to learn a foreign language, some naturally drop out. The ones that remain are really serious students, and I would say that we have between 25 and 50 of these each year.[3]

Even assuming other obstacles could be overcome, many school districts would probably hesitate to provide such a service to a group which pays no taxes. In some cases, then, education for braceros would be available only if it were supported financially by either the employers of braceros, by braceros themselves, or by some philanthropic organization.

The resources of braceros themselves are slender, although the mayordomo in one camp reported that a group of workers had banded together to hire a tutor who came out from town twice a week.[4] At the present time,

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[1] Interview, May 3, 1957.

[2] During the World War II version of the bracero program, such arrangements, sponsored by the Federal government, were somewhat more common in California's bracero camps.

[3] Interview, August 11, 1957.

[4] Interview, June 25, 1957.

no religious or philanthropic organization is both large enough or concerned enough to undertake a program of instruction for those Mexican Nationals who wish instruction. To date, employers have shown almost no interest in contributing to any form of educational program for their men.

A bracero in the Imperial Valley offered the following unsolicited commentary upon the educational opportunities under the present program,

> One of the reasons I came up here as a bracero was that I wanted to learn English. I am a farmer in Nayarit, but I want to improve myself. It is possible to progress in Mexico if one knows English. I have found that there is no way to learn English in this country. I am going to return to Mexico to learn English. I plan to move to Tepic, where there is a school. I will try to support myself somehow while I am going to school. I hope it isn't too expensive.[1]

3. Religion

The Catholic faith is one of the pillars upon which the life of the average Mexican campesino rests. The bracero is removed from each of the remaining pillars--family, village, and milpa (plot of ground)--as a condition of his employment in the United States. Faith, however, is theoretically transplantable, particularly if there are fellow communicants, ecclesiastics, and an appropriate institutional structure in the new environment. There are many Catholic churches and functionaries throughout California and the Southwest, and it might seem that a semblance of meaning and order could be introduced into the bracero's life through the continued practice of his faith while he is under contract.

Certain agencies of the Catholic church in the United States are well aware of the bracero's presence and his spiritual needs. The Catholic Rural Life Conference, and the Catholic Council for the Spanish Speaking, particularly, are actively engaged in devising ways to minister to Mexican Nationals.[2] Archbishop Lucey, of San Antonio, heads a Bishops' Committee for the Spanish Speaking. Archibishop Mitty, of San Francisco, has appointed several priests to a Missionary Apostolate which is primarily concerned with serving the Mexican Nationals and other Spanish-speaking groups within the San Francisco archdiocese.

The managers of some bracero camps recognize the value of religion as a stabilizing force in the lives of the workers. In a camp in Los Angeles County, for example, an altar has been built at one end of the dining hall, and men may be seen making their devotions before or after meals. In a camp in San Bernardino County, the management provided the materials and the workers provided the labor to build a little chapel. The men decorate it with flowers every Sunday, and a priest occasionally visits the camp to celebrate Mass.

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[1] Interview, November 15, 1958.

[2] At the same time, they are concerned with the development of alternatives to the entire bracero system.

However, the spiritual needs of the overwhelming majority of braceros in California and elsewhere are totally unmet. The principal reason this is so is probably that priests generally are in short supply, and priests who speak Spanish are in particularly short supply.

A number of other reasons may be advanced to explain why the braceros are usually unable to practice their Catholicism. For example, operators of bracero camps may be reluctant to admit priests to their premises. The manager of a camp with about 600 men stated,

> We have no chapel here, and we don't have any priests coming in. I had the local priest come to me and ask if he could come in here and give services, but I told him to get the hell out. I said if we let one of them come in, all the other denominations and sects would demand the same privilege. There are hundreds of them, you know. The place would be a madhouse. They would keep the men in a constant turmoil, and of course all of them would be taking up collections. So I've laid down the policy that none of them can come in. If a man wants to go into town Sunday morning, there is nothing I can do to stop him. In fact, the priest asked me if they could send transportation out to take the men into town. I said to him, "Go ahead, I don't give a damn."[1]

A priest reported,

> The fellow in charge of one of the camps outside of town told me that if I didn't get off his property, he would throw me off bodily. He was big enough to do it, too, so I left. I didn't want to see a headline, "Priest in Fist Fight with Grower." I will say that this particular grower wasn't a Catholic. Many of our biggest growers, of course, are Catholics. I've had them come to me and say, "Father, you just say the word, and I'll have every one of my men to Mass every Sunday morning." The trouble is, the word they want me to say is that I'll stop criticizing the program. So I turn down offers like this with strings attached, even though I suppose it means I don't reach as many men as I could otherwise. The arrangement I like to have is that if the men in a camp want me to come in, I will come in as their guest, not as the guest of the management.[2]

Another problem lies in the fact that braceros are often required to work all day Sunday. The harvest of many California crops is geared to cannery and packing house schedules. Since a day is allowed for the transportation of produce from the fields to the canneries and packing houses, and since organized workers do not ordinarily work on Sunday, field workers get a day off on Saturday, but have to work Sunday in order to have produce on the docks when the canneries open Monday morning. The result is that evenings are often the only time available for braceros to receive the sacraments. Many Catholic churches have no evening Masses.

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[1] Interview, June 25, 1957.

[2] Interview, May 16, 1958.

Finally, mention must be made of a strictly sociological consideration. Braceros often decline to attend church, even if one is near their camp, because they are unwanted by the parishioners, and they know they are unwanted. For example, in the barrio of _____, there is a Catholic church in which services are conducted in Spanish. The church is within walking distance of a large bracero camp. But braceros never attend the services. One of the townspeople said,

> It would just make the bracero uncomfortable, and it would make the rest of us uncomfortable. The braceros would be so conspicuous--the way they dress, the way they cut their hair, everything about them. Besides that, there might be trouble. Many of the local fellows have not forgotten that when they were away in the service, the Nationals moved in on their girl friends and sisters. The older folks are bitter because the Nationals have taken all the jobs around here that the local people used to have. Why, do you know that fifteen years ago, you could work in the vineyards for $1.00 an hour? At that time, you could live on that. Now, the Nationals are doing that work for 85 cents an hour. And the cost of living has gone sky high. I think it is best for all concerned if the Nationals go their way, and we go our way.[1]

4. Shopping

Many braceros spend the entire period of their contracts in their own labor camp, without making any particular effort to go to town. Some are discouraged by the cost of getting to town, and the cost of entertainment or shopping after they get there. Some are afraid of getting into trouble. Some are put off by the language barrier. The writer found that in a large citrus camp in Southern California, approximately two-thirds of the braceros interviewed had never been to town, even though their camp is less than five miles from a city with a large Spanish-speaking population.

Without going into town, a bracero may nevertheless have a choice of "locations where he can obtain the articles desired." In the evenings and on weekends, one may observe panel trucks, automobiles, and buses parked near almost any bracero camp. Entrepreneurs have rigged up mobile stores specifically to serve the bracero population. In some cases, these are strictly small businesses. A man may have converted a surplus Army bus into a clothing store, and may make a living by serving a large number of camps within a small area. In other cases, a man may own a whole fleet of mobile stores. It appears that, generally speaking, these itinerant stores have no connection with the stores in town, but are in competition with them. Local merchants occasionally try to circumscribe the activities of the peddlers, but these efforts seem to have come to little.

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[1] Interview, August 7, 1957.

Managers of some bracero camps indicate dissatisfaction with the migrant store system.

> We have a sign outside the gate of our camp saying, "No agents, peddlers, or visitors allowed." If you give these guys a chance, they'll pester the Nationals to death. They'd never get any sleep around here if we let 'em in. Besides, they sell such lousy merchandise. I run a little store here in camp, just for the convenience of the men. I pick up khaki shirts and pants in town, and sell them out here for just what I pay for them. Now, these peddlers will come around, and they'll offer the Nationals a khaki shirt, say, for the same price as mine. Maybe even a little less. But it's second. A man will find that it falls apart after he's worn it once or twice. But, hell, these Nationals don't know anything about buying clothes. So they think the peddler's a good deal. Like I say, we try to keep 'em out, but they park right out there on the shoulder. It's a public road. There's not a damn thing we can do about it. You can look out there and see a couple of them right now waiting for the men to get washed up and finished eating.[1]

Another manager had worked out an unusual arrangement whereby he had, in effect, licensed the operators of mobile stores who visited his camp.

> Our men are free to do their shopping anywhere they want. . . . Some go as far as Los Angeles to buy things, but for the most part they (buy things) from vendors who come right here to the camp. We have maybe half a dozen men who own these mobile stores. . . . They get a bus, and tear out the seats and put a complete stock in there of everything you could ever want. Clothes, toilet articles, magazines, everything. . . . We check their prices to make sure that they are in line with the prices in town. . . . If we find some guy is trying to gyp our men, we invite him not to come back.[2]

Some counties require that peddlers catering to Mexican Nationals obtain a business license. In some areas, feeling runs high among established merchants that the mercantile provisions of the bracero program are detrimental to the general economic welfare of the community. A small businessman, appearing before a Congressional agriculture subcommittee, testified to this effect.

> MR. ROSE For about 4 years now, we have lost considerable business at the labor camps for Mexican Nationals located outside the city limits to peddlers who solicit direct from trucks and other vehicles the sale of clothing, etc. . . .
>
> MR. COOLEY (Dem., N.C.) . . . Some information has come to the committee to the effect that local merchants

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[1] Interview, June 25, 1958.

[2] Interview, August 10, 1957.

were complaining because Mexican Nationals were not permitted to come into town to trade with them, but on the other hand were being required to trade at commissaries and other places which were being operated by the employers.

. . . . . .

MR. ROSE That's right.

. . . . . .

MR. COOLEY You realize, of course, that is more or less a local problem.

. . . . . .

MR. ROSE . . . I sent a letter to the supervisors a few months ago, and I didn't get bake any answer . . . then I sent two petitions like this (indicating) signed by the leading merchants in Holtville and the Brawley area, and we don't get any results--from the supervisors or anybody.

. . . . . .

MR. COOLEY . . . I do not think Congress could pass an act that would protect you in the way you want to be protected. (But), I think we could provide that no employee should be required to trade at a company-operated commissary.[1]

In the spring of 1958, Congressman Dalip Saund, from the Imperial Valley, intruduced H.R. 10968, which, among other things, provided that

> . . . In any case in which more than ten agricultural workers from the Republic of Mexico are made available under this title to one employer at any one time and such workers are furnished housing facilities by such employer in any encampment or other housing area, such employer will not sell or permit the sale of any article of merchandise (other than food or tobacco) within such encampment or other housing area, or at any place of employment under the control of such employer.

This bill, however, was withdrawn by its author before it reached the stage of public hearings.

5. Protection from Illegal and Immoral Influences

Article 23 of the Standard Work Contract reads as follows:

> The employer agrees to take all reasonable steps to keep professional gamblers, vendors of intoxicating liquors and other persons engaged in immoral and illegal activities away from the Mexican worker's place of employment.

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[1] Hearings before the Subcommittee on Equipment, Supplies, and Manpower, House of Representatives Committee on Agriculture, on "Problems in the Southwest," March 1, 1958, pp. 140-143, passim.

In some camps, these "reasonable steps" take the form of posting "Keep Out" signs. In a very few camps, guards are on duty to check the identity and purposes of camp visitors.[1] In the majority of cases, however, no provisions are made to protect braceros from immoral and illegal influences.

It should not be assumed from this that most bracero camps exist in a state of perpetual debauchery. Braceros are protected to an extent by the fact they have very little money. A professional gambler, for example, is apt to feel his time is worth more than he could earn in an evening in the average bracero camp.

Braceros are also protected, to an extent, by what we must call their own virtue, for want of a more objective term. Most of them are decent folk who have no desire or intention of running riot in a situation in which they are freed of the usual restraints of society. It cannot be repeated too often that most braceros come to the United States for the sole purpose of supporting themselves and their families, and they are reluctant to become involved in anything which seems likely to jeopardize that goal. Most vices, besides being vicious, have the disadvantages of being expensive and of reducing one's capacity for work. The bracero who is homesick is more apt to withdraw into himself than into a saloon.

However, even a tough moral fiber may disintegrate under certain circumstances, and this is one of the grounds on which the bracero program has come in for particular criticism from religious quarters. For example, Rev. James L. Vizzard, S. J., representing the National Catholic Rural Life Conference testified before a Congressional committee, in 1958,

> Although the basic morality of the Mexican people is as good or even better than might commonly be found in this country, the circumstances in which they live and work here are obviously conducive to a breakdown of moral practice. I have heard many reports from priests and other churchworkers in many parts of the country of excessive drinking, high-stake gambling, drug addiction, and prostitution. I have for instance heard eye-witness reports of the signs tacked on the barracks doors indicating the schedules and prices of the prostitutes who prey on the weaknesses of men separated from their homes and families.[2]

Another Catholic priest told the present writer,

> In observing this program over the eight years since it started, I have noticed a change in the men. When they first

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[1] Besides protecting braceros from illegal and immoral influences, these guards protect them from labor organizers, journalists, university researchers, and others. Guards may also check on the movements of braceros themselves.

[2] Hearings before a Subcommittee of the Committee on Agriculture, House of Representatives, 85th Congress, 2d Session, on H.R. 7028, 1958, p. 443.

come up, they are unspoiled. They send their money home faithfully. Maybe they are all right on their second trip, too. But, gradually, they begin to break down. You have the problem of drinking. You have the problem of prostitution. More than once I have had the experience of saying Mass at a camp at night, and a car drives up outside the barracks. One of the men goes out, and I have overheard him saying, "You can't come in yet. The padre is still here." When I was through, I would see the girls waiting in their car while I was leaving. Before I got permission to say Mass at night, I used to go into the camps early in the morning--3:00 or 4:00 A.M. I would find the prostitutes in the barracks at that time.[1]

It is very difficult to prevent this sort of vice, given the nature of the system. Occasionally, drives against vice are conducted in the towns near bracero camps. For example, former Judge, now Congressman Dalip Saund, from Imperial County, participated in "the cleanup of Westmorland's now ghost-like Fifth Street, which was then one neonlighted honky-tonk after another; prosittution, narcotics vending and gambling prospered on the wages of itinerant fieldworkers who, brought in from Mexico, were literally men without women."[2] But such clean-ups seem only to drive prostitutes closer to the camps. A few days after the above description of improved conditions in the Imperial Valley appeared in a national magazine, a bracero who was working in that area reported, "There are many bad women that go right out to the camps."[3]

The manager of a bracero camp in San Joaquin County said,

> The Nationals don't have to come to a cat-house in town. The women go out to the camps, and everybody knows they go out to the camps. Why kid ourselves? I'd like you to tell me how the hell we are suppose to keep them away from the men. Throw an armed guard around the camp, spaced every ten feet? I doubt if you could keep them all out even then. It's like flies and honey.[4]

A Spanish-speaking journalist who had made a special study of the bracero program stated,

> I know of a few instances in which they have taken pretty stern measures to keep the vice-mongers away from camps. I even heard of one case in which they peppered them with bird-shot. But, unfortunately, what happens in these cases is that the prostitutes instead of going into the camp, simply drive around to the back--maybe they park in the middle

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[1] Interview, January 3, 1957.

[2] Milton Mackaye, "U. S. Congressman from Asia," Saturday Evening Post, August 2, 1958, p. 25.

[3] Interview, August 18, 1958.

[4] Interview, January 7, 1957.

of a nearby orchard--and go about their trade. I have seen them in great big old Packards, which have the back converted into a sort of bed. They are really whore houses on wheels.[1]

As indicated in the following news story, a Judge in San Joaquin County has publicly recommended that the effort to curb prositition in areas with transient workers be abandoned.

WALNUT GROVE, CALIF., Sept. 19, 1958 (AP). Judge Milo E. Dye says prostitution is needed despite laws against it.

"It will exist as long as we have male and female," he said Wednesday. . . . Declaring, "This is my opinion," Judge Dye handed a newsman an unsigned carbon copy of a typewritten statement which said:

"I recognize a great number of our transient workers who are away from home should have the opportunity, perhaps, of obtaining their personal satisfaction without the necessity of abusing our juveniles and virtuous women.

"State laws have prohibited prostitution, which was started by Adam and Eve, and it will exist as long as we have male and female."[2]

That similar arguments are heard from persons engaged in supplying braceros with women, is indicated in the following passage from a Thesis by a Mexican-American student of the bracero program,

. . . The author visited all the bars in (Cucamonga) when the braceros were making their weekend visits. All of them were filled to capacity, mainly with braceros. In each saloon there were about ten women to encourage the braceros to buy drinks, also quarters for prostitution were made available by the proprietors. One of the saloon owners interviewed discussed openly the problem of drinking and prostitution in the community. He justifies his providing the braceros with female companions by saying that the braceros would look for them anyway so why not provide them with the companions in a place where they could not get into trouble with the locals and at the same time be protected from being "rolled". . . . In addition the nicer girls from the community are being protected by keeping the Nationals away from them. The proprietor was asked what type of woman has been hired at his bar and at the other bars. He said that some of them are women who were left behind by braceros who promised to marry them. Because most of them have children to support, they have to find some type of employment. Since they have become outcasts in the community for associating with braceros, this is the only type of work they can find. Some are young women

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[1] Interview, May 20, 1957.

[2] Stockton Record, September 20, 1958.

who are attracted by the money which the braceros spend on them. There is still another group of older women who travel from town to town. The bars do over 90 per cent of their business with the Nationals and the rest with the younger locals. The locals that the author saw, as well as some of the braceros, did not look old enough to be served liquor under California liquor laws.[1]

The prostitution which flourishes as an adjunct of the bracero program has several results. Of particular interest within the framework of the present report is the venereal disease which always attends prostitution in general, and "wildcat" prostitution in particular. Every bracero who enters the United States is presumably free from venereal disease.[2] Tests conducted among those who are in the midst of their contracts, or are returning to Mexico after completing their contracts, suggest the amount of venereal disease which braceros are contracting while in the United States, and passing on to their families. The technician in charge of the venereal disease section of the El Centro Reception Center reports that the infection rate among "specials" is approximately twice that of braceros coming in from the Migratory Stations in Mexico.[3] "Specials" are braceros who have completed their contracts, but are being recontracted immediately upon the request of their employers. They are, in effect, in the middle of their contracts, and constitute the best available group with which to assess the effect of U. S. experience on braceros' health status.

Sexual license is probably the most common vice to be found as a concomitant of the bracero program, perhaps because it is not a practice which often tends to lead to repatriation.[4] The use of narcotics would be a deportable offense, but the present study revealed no case in which braceros had been implicated in any way with the drug traffic--including the use of marijuana. Similarly, there appears to be little if any organized gambling within the Mexican National program. The gambling which goes on in bracero camps seems to be of the nonprofessional variety for the most part. A border inspector reported that he found marked cards in the possession of some incoming braceros,[5] but it is doubtful that a man who comes to this country to gamble rather than work will last too long before he is deported. For example, a bracero reported, "At the last camp where I was staying, some of the men started a fight over some gambling arguments. An agent from the association came and talked to them. They were all sent back to Mexico."[6]

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1 Martinez, op. cit., pp. 56-57.

2 For a description of the methods employed to achieve this end, see Chapter III.

3 Interview, August 20, 1958.

4 As we shall see in the following chapter, some informants reported they had been repatriated because they had contracted venereal disease in the United States.

5 Interview, July 31, 1958.

6 Interview, May 15, 1958.

Because the bracero who drinks to excess is also likely to be deported, drinking seems a less pronounced problem than one might anticipate--or perhaps one should say that its more severe manifestations do not usually appear on this side of the border. In the words of one bracero camp manager, "Every once in a while, we'll get a guy who just can't get along without his bottle. But we get rid of him fast. Guys like that can't do an honest day's work."[1]

There is probably a good deal of what might be called subacute alcoholism within the bracero program. Statistics gathered by an agency of the Mexican government indicate that the use of alcohol is more common among men returning from contracts than among those who are about to embark on their first contract. This study also shows that among the drinkers of the two groups, experienced braceros tend more often toward the use of spiritous types of drinks.

Table 22

Preferences in Alcoholic Beverages, Mexican Nationals Before and After Having Been to the United States World War II Period[2]

Preferred Drink	Per cent	
	Before	After
Sweet wine	11.2	13.0
Pulque[a]	6.3	15.7
Aguardiente[a]	1.5	7.5
Beer	2.5	4.0
Dry wine	0.3	2.0
None	76.2	57.8
TOTAL	100.0	100.0

[a] Spiritous liquors

SOURCE: Secretaría del Trabajo y Previsión Social, Los Braceros, México, D.F.: Compania Editora y Librera, 1946, p. 103. (Translated and adapted.)

The proprietor of a bar near a bracero camp stated,

> I just have a license to sell beer and wine. The Nationals don't seem to care much for our American wines. They say that they give them a terrible hangover. I don't have a hard liquor license, but if I did, it would be a gold mine. These guys

[1] Interview, January 7, 1957.

[2] Based on interviews with 500 braceros who had returned to Mexico, 1946.

really go for tequila, particularly in the winter. It gets pretty chilly around here and they like tequila because it warms them up. Even as it is, I'm doing all right. A lot of other bars and liquor stores have opened up around here because of the National trade. I'd say they're all doing all right.[1]

Policies concerning the possession and use of alcoholic beverages vary from bracero camp to bracero camp. One manager said,

> We don't allow any beer, wine, or liquor here in the camp. That doesn't mean we have somebody standing at the gate who inspects every paper bag that the men bring in. It doesn't mean we go through the barracks checking on what they're doing at night. I know damn well they go across the road to that grocery store and bring beer back here and drink it. The reason we have the rule is so we won't have a lot of trouble dealing with some guy if he gets nasty drunk, and breaks up property or hurts another man. We just say, "You were warned," he's out of here right now, and everybody has to admit he got a fair shake.[2]

Another manager of a bracero camp stated,

> We have a little different policy from some of the other camps. We tell the men when they first come in that if they want to buy beer and bring it back here to the camp and drink it, that this is OK with us. We feel that this is a good policy for several reasons. We feel this is, when you come right down to it, like a home for the braceros, and whoever objected to a man drinking quitely in his own home? Our policy also keeps the men out of the local bars, and that is something we try for. They don't blow their money so much, and they also stay out of trouble. When you get the Nationals and the local Mexicans mixed in a bar, sooner or later there's going to be a brawl.[3]

Both of these two managers were associated with large camps, with a permanent resident staff, and a relatively stable bracero population. Many smaller camps serve "flash" crops, and have no supervision whatever after working hours. In these camps, the only limitation upon drinking is the extent to which it affects a man's ability to perform heavy labor.

To summarize this sub-chapter, Article 23 of the Standard Work Contract--providing for "protection against illegal and immoral influences"--is largely unenforced, if not unenforceable. Although some bracero camps are surrounded by high fences, and a few are even kept under guard, barbed wire and armed guards are no protection againse ennui and loneliness.

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[1] Interview, August 12, 1957.

[2] Interview, July 13, 1957.

946.

[3] Interview, August 11, 1957.

These, in the last analysis, are the influences which conduce to forms of behavior which may be called "illegal and immoral." In this sense, Mexican Nationals, to the extent they are "protected" at all, receive such protection not so much from their employers as from their own internalized defenses. The bracero system presupposes and leans heavily upon the spiritual resources--the "inner-directedness"--of the Mexican peasants who work in the United States under contract. Without the self-discipline and stability which the workers themselves bring to the program, the system would be unthinkable. The American public would not tolerate a half million single males loosed upon the countryside every harvest season if these males conducted themselves in the manner of, say, the armed forces. But braceros are, with few exceptions, quiet, gentlemanly, and well-behaved even without the existence of anything analogous to military police. And so the system endures.

6. Recreation

A planned and systematic program for the use of leisure time would probably prove the most effective deterrent to moral deterioration within the bracero system. Not more than a handful of California's 5,000 bracero camps, however, have even the semblance of such a program. It is difficult to avoid the conclusion that employers, camp managers, and the respective governments of Mexico and the United States are largely indifferent to the recreational needs of the men under their care. The persons concerned with the administration of the bracero program apparently view it as a labor program, nothing more, and so long as workers arrive in the fields in the numbers desired, the program--in this view--has successfully served its purpose. To an outside observer, it might appear obvious that a happy human being is a better worker, and that boredom makes for neither happiness nor efficiency. It should be remembered, though, that efficiency is often no consideration in agricultural labor, due to the nature of the piece-rate system of payment. A grower with a 200 ton prune crop knows that he is only going to have to pay $2,000 to have his prunes harvested, whether five people do the job, or fifty.[1]

In one large camp in the "citrus belt" of Southern California, the rudiments of a recreational program may be found. One of the camp employees is known as the Recreation Director, although he has other duties as well. This man reported,

> I came up here for five years as a bracero working for Mr. _____, until he has now arranged for me to come up under a visa. I am in charge of the athletic program here, and I also help Mr. _____'s son run the camp commissary. We sell magazines, candy and cigarettes, radios, clothing, and just about anything else that a man might want.

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[1] As noted in the foregoing section, some braceros are convinced that they are imported in larger numbers than needed, since they are a source of revenue to the business interests which furnish food, health insurance, and so forth.

The men are very much interested in sports. Many of them like baseball. We bought some expensive equipment so that we could have a camp team. We bought baseball gloves and spiked shoes, catchers' masks, and bats and balls. The uniforms were a little too expensive for us to take care of by ourselves, so we went to local merchants and got them interested in helping us provide uniforms. On the backs of the uniforms we had the names of the sponsors--Bank of America, and so forth. During the spring our team used to play games against local teams, but at the present time we don't have enough men in camp to keep the baseball team going.[1]

Many of the men are fond of volleyball. We have a volleyball court here. Some like to play basketball. And we have a boxing ring which you can see right in the middle of the camp. We have a training quarters where the men can go to lift weights and get in training for boxing matches. But the favortie sport of all seems to be soccer. Most of the year we have a camp soccer team. We schedule games with other bracero camps in this general area, and we also had a few games with teams of locals. The trouble is that all we have here at the present time is a dirt field. It is full of rocks. The visiting teams don't like it too well, because they are used to playing on grass. We could play games away from camp if we wanted to, but we don't like to do this. The whole reason for having a team is so that it can be a benefit to our own men. Only ten men can actually play at one time, but 500 men can watch. Mr. _____ promises that by next fall he will have a soccer field planted with grass. Then we will be able to invite teams here even from Los Angeles. We enjoy playing games against the other bracero camps, but they are smaller camps, and we always win, so it isn't too much fun. We really have some good players in this camp.[2]

Although at the date of this writing, two years after the above interview, the soccer field at this camp has still not been planted in grass, the level of morale at this camp seems appreciably higher than that at most bracero camps. It is higher, for example, than the morale at another large camp in the same region which arranges for the use of leisure time only on special occasions.[3] The manager of this camp told of the arrangements that had been made on Cinco de Mayo (May 5th), a Mexican holiday which corresponds to the Fourth of July in the United States.

On the 5th of May, we had a real affair here. We told the men that they could buy whatever they wanted to in the way of decorations for the camp, and we would foot the bills.

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[1] There were approximately 500 workers in camp at the time of the interview.

[2] Interview, July 24, 1957.

[3] Assessment of morale in these cases, admittedly impressionistic, was based on such indices as the amount of communication between workers and the camp management, and between workers themselves.

Well, they bought $300 worth of all kinds of crepe paper and bunting and flags and so forth and they worked real hard putting it up. They had this camp looking like a million dollars. We fed them a special dinner that night, and brought in some entertainers--who played and sang the kind of music the Nationals like to hear. Oh, we had a ball. We had people here from the Mexican consul, the Department of Labor, the Farm Placement Service, the Agricultural Producers Labor Committee, and the directors of our own association Do you know, we had between 500 and 600 men in camp at that time, and not one got out of line? Not one got drunk or rowdy. Of course, there was some beer drinking and good natured whooping it up, but we had no trouble. All it takes is a little common sense. Treat them right and they will love you for it. They will be the best behaved bunch of men you could ever hope to see. Just imagine what things would be like if you had 500 American guys here year in and year out. You would have more rapes and riots than you could shake a stick at.[1]

Unlike the two discussed above, however, most bracero camps make no provision for recreation or entertainment either on a sustained or occasional basis. The following examples are representative of the overwhelming majority of the state's more than 5,000 bracero camps:

Imperial Valley, 180 men: two old pairs of boxing gloves are the only provision for recreation. "Sometimes after work, the foreman puts on one of the pairs of boxing gloves and dares one of the braceros to put on the other pair. The bracero doesn't like to admit he's afraid, in front of everybody, so he puts on the gloves, and they start scrapping around between the barracks. The braceros don't know a damn thing about boxing, and the foreman's pretty sharp, so he knocks them around pretty good. They're too proud to quit, so before the foreman gets tired I've seen him give the men some pretty bad beatings."[2]

Riverside County, 600 men: there is a camp "recreation hall," but the only facilities are a billiard table, balls, and cues. "Everything the men do at the camp, they have to pay for. Did you know that if they want to play a game of pool on the camp pool table, they have to pay twenty-five cents?"[3]

Los Angeles County, 500 men: "The thing that the men in the local camp need most is entertainment and some kind of recreation. There is absolutely nothing of the kind in the camp, and since this is such a small town, there is nothing much for them to do in town, either. I work in a liquor store and the men frequently come in to cash checks. I talk with them and

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[1] Interview, July 13, 1957.

[2] Interview, September 29, 1958.

[3] Interview, May 4, 1957.

find out how they feel about things. They don't spend much of their money in our store. They prefer to go down the block and spend it in the bars. I know these men are very lonely. They sometimes ask me for dates. After all, men are men. But I always tell them I already have a date. They are very polite about it."[1]

Santa Clara County, 80 men: a billiard table is available at a charge of five cents per player per game.

San Joaquin County, 200 men: no provision for recreation or entertainment.

Imperial County, 175 men: "Recreation? The only recreation we have here is to walk to a ranch about two miles away, to pick dates. It helps us pass the time. And it is different from hoeing the weeds in the cotton which we do all week."[2]

San Joaquin County, 1,000 men: no provision for recreation or entertainment.

It might be supposed that even where there are no organized forms of recreation, men will devise means of passing the time happily. The material issued by bracero-users' publicity directors would have one believe that Mexican Nationals are a gay and childlike lot who find pleasure even where none is provided.

WHITTIER, CALIF., The melodious strains of old Mexico and the aroma of frijoles and onions were in the air again today at the old Leffingwell ranch, one of the largest in the Whittier district citrus organization, as the first group of Mexicans . . . began work here.

A happy, carefree group, the men sing as they work, cutting the lemons in a crop which looks at this stage to be unusually fine.[3]

The writer of this press release had apparently chanced upon an exceptional group of braceros. The writer, in two and a half years of observation, has never heard a group of braceros singing, individually or collectively, except at Mass.

Many braceros, of course, enjoy music when it is performed by someone else. But it is the crudest form of stereotyping to think that Mexicans are "naturally" musical, and that every bracero is ipso facto a mariachi player or singer.

Braceros who can afford to do so frequently buy small radios, on which they can listen to the Spanish-language broadcasts available in many parts of the Southwest. Even this small pleasure sometimes proves elusive.

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[1] Interview, June 15, 1957.

[2] Interview, October 10, 1958.

[3] Los Angeles Times, January 6, 1943.

A Mexican-American salesman in a Southern California city reported,

> A couple of days ago I was called next door to the appliance store to help them understand a bracero who had brought his little table-top radio in. He thought there was something wrong with it, because every night about dark it would fade out. The repairman looked it over, and tested it, and found there was nothing at all wrong with it. We finally figured out what the trouble was. The management at the _____ camp is so chintzy with the electricity that when the lights go on in the evening, there isn't enough juice to go around. Ever been out there at night? The lights are so dim you can hardly see your hand before your face.[1]

A few persons connected with the bracero program are conscious of the need for constructive and enjoyable ways in which the workers may use their leisure hours. The informant quoted earlier, who may be the state's and the nation's only bracero camp recreation director, said,

> My idea is that the recreation program for the braceros should be put on a more systematic basis. Maybe even a nationwide basis. I think a special effort should be made to see that we recruit a larger number of men who are interested in participating in athletics. I also think that it would be a very good idea if some of our teams would go on tours, playing games against college and university teams. You couldn't do it the way things are right now, but there are some good soccer players in Mexico that might be willing to come to the United States as braceros. This plan, you see, would help the men and it would also help to create more good will for the bracero program and good will between Mexico and the United States.[2]

In one California city, the recreational needs of braceros were aired before the City Council.

> SANTA PAULA, May 22, 1957. Supervised recreation facilities, such as the USO in Army camp towns, have been proposed to the City Council for the 2,000 Mexican nationals brought to Ventura County each year to pick citrus fruit.
>
> The proposal was made when the Council considered legislation to govern night spots which cater to the nationals, boosting the city's police cost. . . .
>
> The nationals are only human, Albert Sonora told the Councilmen. "They have good housing, good food and a job which keeps them busy five days a week. But what about

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[1] Interview, November 21, 1958.

[2] Interview, July 24, 1957.

Saturday and Sunday? Like GIs at a nearby camp, they're turned loose on the town week ends--on furlough, you might say--and nobody assumes any responsibility for their welfare. They head for Santa Paula's night spots, and naturally some of them get into trouble in the overcrowded establishments. The answer, I think, is some sort of supervised recreation to keep them out of trouble."

Sonora's views were echoed by a number of others opposed to a proposed fee of $500 a year to license a night spot to hold dances, if the establishment has a liquor license. Under the plan night spots without a liquor license could hold dances for a fee of only $24 a year.

Atty. Ed Beach said in his opinion such a distinction would be unconstitutional and discriminatory, and he would have to advise his clients, most of the night-club owners, to take it to court.[1]

The plan to license cantinas on a differential basis was abandoned. At the date of this writing, nothing has been done to provide supervised recreation for Ventura County's braceros "on furlough."

The life of the average bracero, outside his working hours, inclines toward dreariness and pointlessness. In the absence of research conducted in Mexico, we can only conjecture as to the amount of social and individual disorganization and disorientation--including mental illness--which is occurring as a consequence of this facet of the bracero program.

The thing that really gets you is to see these men--ordinary, rational human beings, like you and me--just sitting around, night after night, week after week. If they would take them out and march them up and down in the road, it would be an improvement. Doing something--even if it is something silly and useless--is better than doing nothing at all.[2]

* * * *

The key to the whole thing is that there is no provision for discipline of any kind built into the bracero program. You hear it over and over again, that this program is like the Army. In some ways, this is true. But there is one overwhelming difference. In the Army, no matter how far away from home a man may be, and how homesick he may be, there are always traditions and agencies to keep him from going off on a tangent. There is no discipline in bracero camps, and so there is no morale. Anything goes. Homosexuality, anything

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[1] Los Angeles Times, May 23, 1957.

[2] Interview, January 7, 1957.

you can name.[1] Why is this? Not because the braceros have loose morals to start with. I say that the blame lies with the employers who are responsible for conditions in the camps. The growers, and the growers alone, could provide the discipline that is needed in their camps--if they wanted to. But they don't. I lived in the camps with the Nationals for three months when I was preparing my stories, and I have never yet met an employer or mayordomo who gave a damn about the morals of his men, so long as the work got done. Get the crops harvested, that's all.[2]

In certain camps in Southern California, with a large year-around bracero population, a modicum of orientation and supervision is furnished. The manager of one of these camps said,

> We tell the Nationals what responsibilities we have, on the management side. We tell them that they are free to come to us and tell us whenever they have a problem. The door to my office is always open.[3] At the same time, we tell them that they have responsibilities, too. We tell them what kind of behavior we expect them to live up to. It works out pretty well this way. They appreciate our taking the trouble to give them this little talk, and they appreciate the fact that we believe in fair play on both sides.[4]

In most bracero camps, however, a paradoxical situation prevails: the workers suffer simultaneously from a lack of freedom and an excess of freedom. As far as employment is concerned, braceros cannot be regarded as free agents in any meaningful sense. In their off-duty hours, on the other hand, they are confronted by freedom in over-generous measure. However, it is a form of freedom which consists not in the presence of any positive quality, but in the absence of directives and guidelines. Generally speaking, the bracero is free only to choose between one or another form of aimlessness. It may be suggested that freedom of this sort, without sense or discipline, is the ultimate form of imprisonment. If a man is not equipped by temperament and training to live in solitary confinement within himself, this spurious form of freedom may be of more detriment than advantage to him.

7. Comments and Recommendations

(a) All incoming braceros should be thoroughly oriented as to their rights and opportunities, as well as their obligations, both with respect to their work (see Chapter IV, Section E above), and with respect to

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[1] The writer has no direct knowledge of such practices, but the informant quoted here is a Mexican citizen who "passed the color bar," mingling intimately with braceros, and was presumably privy to information unavailable to most observers.

[2] Interview, May 20, 1957.

[3] This manager does not, however, speak Spanish.

[4] Interview, July 13, 1957.

their use of leisure time. A pamphlet prepared by the Puerto Rican Department of Labor for the orientation of contract workers from Puerto Rico illustrates many of the points which might be covered in the case of the Mexican program. However, the orientation should also be provided orally, since it is estimated that from a third to a half of all braceros are functionally illiterate.

(b) Classes should be instituted wherein Mexican Nationals might learn the English language, farming methods appropriate to their situation in Mexico, and other subjects of interest to them. During seasons when the workers are given one or more days off per week, these classes could be held in the day time. Otherwise, they would have to be early evening classes. In some areas, the courses might be conducted by volunteers from religious or civic groups. In other areas, they might be conducted by the Adult Education Division of the local school district. In either event, the cooperation of growers' associations would be required. Hopefully, there might be a statewide coordinating agency--perhaps the office of the Mexican Consul General--to ensure reasonable comparability of instructional content and teaching techniques.

(c) Guided tours should be organized to enable braceros to visit points of historical and contemporary interest, and spots of particular charm and beauty, within a reasonable radius of their place of employment in the United States.

(d) Mechanisms should be set up through which braceros might meet Americans in their homes, at church, and at social occasions; and, conversely, by which Americans might meet braceros in the camps where they are quartered.

(e) Braceros should have the opportunity to practice their religious faith while in the United States, to the full extent that they wish to do so. Such a recommendation implies, first, the camp managers cooperate with such a program, either by furnishing facilities for religious exercises in camp, or by arranging transportation to churches in town where braceros would be welcome. The recommendation implies, second, increased awareness among representatives of organized religion--particularly the Catholic Church--of the spiritual needs of these tens of thousands of communicants residing seasonally within their jurisdictions.

(f) Article 11 of the Standard Work Contract, providing for the bracero's freedom "to purchase articles for his personal use, in places of his own choice" should be implemented more meaningfully than is usual practice at present. Charges for transportation to town should be eliminated. Limitations upon the number of stores to which braceros have access should be removed. And in no event should braceros be restricted in their incidental purchases to camp commissaries or the mobile commissaries which are in many respects the equivalent of the more traditional company store.

(g) Empty leisure time is one of the major defects of the bracero program. The best way to reduce unnecessary idleness is to exercise tighter control over the numbers of braceros imported. Limited only by unforeseeable climatic conditions, all braceros should be given full employment while in the United States. John E. Carr, former California Director of Employment, has suggested that the work contract's requirement

of 64 hours of employment in each 2-week period is inadequate. Carr has recommended that full employment be defined as 40 hours of work per week, or more. On occasion, braceros in some crop-area-activities have been so grossly overcertified that they have worked less than half this amount of time. (See Chapter IV, Section E above.)

(h) Recommentation "g" should not be taken to mean, however, that braceros should work during virtually all their waking hours. There will always be several hours a day in which braceros, like all working men, have the right to relax from their labors. Given the nature of the contract labor system, in which the participants do everything en masse, there is no substitute for planned programs of recreation during these off duty periods. No employer or association manager should be permitted to contract braceros until he has given evidence that he has made suitable arrangements for recreation for his men. "Suitable arrangements" should among other things, be (1) free of charge; (2) varied; (3) adapted to the background, although not necessarily wholly limited by the background, of braceros themselves.

(i) The best possible way to implement Article 23 of the Standard Work Contract ("Protection from Illegal and Immoral Influences") would be to permit braceros to be accompanied to the United States by their families. However, such an innovation is clearly utopian, since it would strike at the very tap-roots of the foreign contract labor system, which has always presupposed a single male labor force.

Assuming that the bracero program continues as a system utilizing single males only, there are other methods of implementing Article 23 more constructively than is done in most bracero camps at the present time. It is basically a matter of providing alternatives to the blandishments of cantinas and loose women. By and large, braceros do not want to escape from their loneliness in the arms of prostitutes or by drinking themselves into insensibility, and would be delighted to have other choices. Problems of "illegal and immoral influences" could be taken care of, for the most part, by the implementation of recommendations b-h above. One additional possibility may be recommended. There is, in the bracero program, nothing resembling even remotely the systems employed for maintaining discipline in other single male populations. Some such machinery might be created. Among other things, it would provide measures between the present extremes which are limited either to retaining the worker in this country to do essentially as he pleases, or to removing him from the country altogether.

This is not a proposal, however, for a disciplinary system operated by employers, foremen, labor contractors, camp managers, consuls, or other functionaries of the program. Such a development would make the bracero program resemble even more closely a captive labor arrangement--or, at least, it would create this impression. Rather, discipline should proceed from among the workers themselves, and would do so if braceros were encouraged--or even permitted--to elect their own representatives for such purposes. In the one camp visited during the present study in which a workers' council had been created, disciplinary problems were at a minimum and morale seemed high.

It need hardly be pointed out that such small scale exercises in practical democracy would have salutary effects beyond helping stabilize braceros' lives and discouraging the play of "illegal and immoral influences."

V. HEALTH AND MEDICAL CARE

A. Background

In September, 1942, braceros began arriving in California under a World War II executive order. Their contracts of that time stipulated that they were to be given "medical care similar to that given to other agricultural workers in the area." This medical care, together with braceros' feeding, housing and transportation was financed by U.S. taxpayers as part of the win-the-war effort.

In most parts of the country, the braceros' contractual provision for medical care was difficult to implement, since "other agricultural workers"--that is, domestic farm laborers--did not and still do not receive any type of health coverage. In California, however, braceros were able to benefit from the fact that there was in existence an unusual arrangement for protecting the health of domestic farm workers.

In March, 1938, the Farm Security Administration of the U. S. Department of Agriculture, in cooperation with the California Medical Association and the California Department of Public Health, established the Agricultural Workers Health and Medical Association. The Association was intended"...to further the rehabilitation of its members by furnishing to such members an opportunity to obtain emergency medical and dental care and the essential services and supplies necessary to their preservation of life and health, protection of their earning capacity, and alleviation of their suffering."[1]

Memberships in the AWH&MA were issued to low-income farm workers who were unable to obtain medical assistance from county hospitals or other agencies because of residence requirements. Membership cards were issued for three month periods, subject to renewal. They entitled the applicant and members of his family to obtain necessary doctors' services, nursing care, hospitalization, X-ray and laboratory services, prescriptions, supplementary diets, and miscellaneous health services through the Association. The membership application provided that, wherever possible, the member repay the Association for services received. In the history of the program, however, members reimbursed the Association for only $6,606.02: about 2% of the cost of the services rendered.

The AWH&MA functioned under a Board of Directors, three members of which were appointed by the government, and four by medical groups. Although virtually all funds came from the federal government under a Grant Agreement, the Association was chartered as a nonprofit corporation by the State of California, and its Board of Directors enjoyed autonomy within the terms of its articles of incorporation.

When the bracero program began in the autumn of 1942, Mexican Nationals were contracted directly to the U. S. government. As the employer, it was therefore incumbent upon the government to seek to implement the

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[1]Grant Agreement between Agricultural Workers Health and Medical Association, Inc., and the Farm Security Administration, quoted in Mrs. Elizabeth J. Auradou, "Report of the Activities of the Agricultural Workers Health and Medical Association, March, 1938 through March 31, 1948." N.p., n.d., 14 pages. (Typescript.)

provision that braceros receive "medical care similar to that given to other agricultural workers in the area." The government proposed that the AWH&MA provide medical care for braceros on a contract basis. "The Association had not originally been designed for the purpose of providing medical service for this type of workers, but the Board of Directors agreed to a Memorandum of Understanding with the government providing for this in view of the war necessity."[1]

In 1944, federal legislation placed restrictions upon the AWH&MA's services to domestic workers and, in effect, transformed it into an agency for the care of foreign contract workers. The number of foreign nationals eligible in July, 1945 (34,038) was nearly as great as the peak number of domestic workers served by the AWH&MA during its history (36,422, in December, 1939). Of the total cost of the organization during its nine and a half years, 29%, or about $2,569,000, was spent for the medical care of foreign contract nationals.

A Department of Agriculture employee[2] who was in charge of bracero crews during this period has described the way in which medical services for braceros were organized in his area of the lower San Joaquin Valley.

> Among other things, it was my job to see that the men got medical care when they were sick. We were lucky that there was already the Agricultural Workers Health and Medical Association. Here is the way it used to work with the braceros. We had large camps at both Shafter and Arvin, and in those camps we had clinics. The local doctors who were participating in the program would come into the clinics at regular hours and take care of the men from those main camps, and also from the smaller surrounding camps. The men from the smaller camps were transported in for that purpose.
>
> However, as you know, during the war all physicians were fantastically busy, and it got so they were no longer willing to take the time to drive out to the camps which were perhaps 15 miles outside of Bakersfield. So, what we did was take the braceros into the doctors' offices in town, and the doctors would send their bills to the clinics where the administrative offices for the program were located. We still kept nurses at the camp clinics for less important cases.
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> But this system didn't work out too well either, because the doctors' offices were so corwded that the men would sometimes have to wait almost a whole day in the waiting room. Naturally, this didn't make anybody too happy. So, finally, the system that we worked out

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[1] Ibid.

[2] During World War II, the bracero program was administered within the Department of Agriculture rather than the Department of Labor.

was that the men would go into the Kern County General Hospital and receive care in the out-patient clinic there. We reimbursed the County on the basis of the volume of services they provided for us. This seems to me to have made the most sense, since most of the complaints of the braceros were communicable disease--we had a lot of venereal disease, for example--and this was the County Health Department's concern all the time.[1]

In 1947, the 80th Congress voted to abolish not only the Agricultural Workers Health and Medical Association, but the entire system of federally operated farm labor camps set up by the Farm Security Administration.

> Because of the severe limitation on funds, it was not possible to continue government operation of the 32 camps in Arizona and California beyond September 30, 1947, and by that date all of the camps were turned over to growers' groups for operation. . . .There was no federal provision for extending the contract with the AWH&MA beyond December 31, 1947, and contractual provisions required that the assets of the Association revert to the government at the end of its contractual relationship with the government.
>
> All domestic clinics were closed by July, 1947, and as the Mexican nationals left each area the clinics set up for them were closed. . . . The majority of the equipment in the clinics at the farm labor supply centers was sold to the growers' organizations taking over management of the camps in the hopes that medical care could be continued under other arrangements.[2]

These hopes, however, were not met. Domestic migrants receive no health protection down to the present day; braceros received none until 1949, when an International Agreement was negotiated, which included, for the first time, provisions for a limited form of occupational health insurance.

The 1949 International Agreement provided that in states with Workmen's Compensation legislation, braceros were to be covered by Workmen's Compensation Insurance, at the employer's expense. In other states, bracero-users were required either to take out insurance with specific benefits for death or dismemberment, or to deposit an appropriate bond with the Mexican government.

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[1]Interview, April 11, 1957.

[2]Auradou, op. cit.

During the past eleven years, then, braceros in California have theoretically enjoyed protection identical to that of this state's industrial workers for job-connected sicknesses and injuries.[1] The International Agreement of 1949, however, did not mention off-the-job sickness and accident insurance. In the words of an insurance broker who has been close to the Mexican program for many years,

> Some of the growers were benevolent when it came to their boys getting sick. They would take it upon themselves to see that their boys got decent medical care or hospitalization or whatever was required. In most cases, though, it was up to the Nationals to get along as best they could. Many of them were going to the hospitals and running up heavy bills which they couldn't pay, and going into debt for years to come. Frequently, all the hospitals and the doctors could do was to write off these debts. When the Nationals returned to Mexico, it was almost impossible to keep tabs on them. I hardly need to tell you that after a few experiences of this kind, the hospitals and doctors would think twice before taking on any more Nationals. The men who were refused were going to the Mexican Consuls and trying to get assistance, and the Consuls were raising hell with the employers. It was a mess.[2]

The Mexican government took steps to improve the situation. In 1950, it instructed its Consuls-General in the Southwestern States to negotiate with insurance brokers concerning programs of off-the-job-health insurance for braceros. The plans were submitted to Mexico City, and a number of them were approved, but with the proviso that they be voluntary. A consular representative was expected to go into each bracero camp in his territory with a representative of the insurance company, explain the plan to the men, and ask for a vote. When the majority voted assent, the entire camp was covered. Once a camp was covered, it remained covered, no further votes being taken among newcomers. The insurance was paid for by the workers themselves, premiums being withheld from their pay, and forwarded to the insurance company by employers.

During the three years of the "voluntary" approach to bracero health insurance, the consular and insurance representatives won every "election" they conducted in California's bracero camps.

In July, 1953, a joint agreement entered into by the Mexican and U. S. governments put a legal foundation under what had already become existing practice in California. Nonoccupational health insurance, paid for entirely by braceros themselves, was made compulsory.

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[1] And, during ten of those eleven years, protection better than that of domestic agricultural workers. Workmen's Compensation Insurance was not made compulsory in California agriculture until 1959.

[2] Interview, June 19, 1957.

There is no standard policy for the country as a whole. Consuls General in each area have broad discretion as to benefits, premiums, the companies which shall write the insurance, and the companies which shall serve as brokers. All policies are said to be reviewed in Mexico City,[1] but there was no way open to this investigator to evaluate the surveillance exercised by the Mexican government over the operation of the braceros' nonoccupational insurance programs.

The position of the U. S. government was expressed in the following way by a representative of the Department of Labor:

> As far as we are concerned, the off-the-job insurance is strictly the Consul's baby. The whole thing is worked out between the Consuls and the private carriers, and to tell you the truth, we don't want to get involved in it. From what we have heard . . . well, let that go. We don't know what goes on between the Consuls and the companies, and we don't particularly care to know.[2]

In some states, many different companies are involved in the bracero nonoccupational health insurance program.[3] In California, however, two companies write this type of insurance for the 150,000 or more braceros who are employed in the State each year. For several years, the Continental Casualty Company wrote all such insurance in the state. The Imperial Valley Farmers Association, however, objected to this arrangement, and in 1956 received permission from the Consul-General in Los Angeles to make arrangements with an insurance company of its own choosing. At the present time, the Constitution Life Insurance Company writes nonoccupational health insurance for approximately one-sixth of California's braceros, while the Continental Casualty Company continues to write the remainder. Pan-American Underwriters Company serves as Continental Casualty Company's agent in administering that company's nonoccupational health insurance plan for braceros.

Throughout the remainder of this chapter, our discussion will be concerned largely with the operation of the Continental Casualty Company plan. The Constitution Life Insurance plan is closely patterned after that of the Continental Casualty Company. The principal difference between the two plans is that Constitution charges 9 cents per day while Continental charges 13 cents per day. We shall return to this point subsequently.

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[1] Interview, June 17, 1957.

[2] Interview, May 1, 1958.

[3] In Texas, in 1957, for example, approximately thirty companies were engaged in this business.

B. Benefits

The Standard Work Contract contains a list of minimum benefits to which all braceros are entitled in the event of death or dismemberment from occupational accidents.[1] The documents governing the bracero program, however, contain no mention of the minimum benefits to be conferred by braceros' nonoccupational sickness and accident insurance. These details are left open to negotiation between the various Mexican Consuls-General and the various proprietary companies writing this type of insurance. The first step in the process is apparently for a Consul-General or his representative to estimate how much the braceros in his jurisdiction can afford to pay for their health insurance. On the basis of this figure, and the number of men who are to be covered, the consular representative theoretically invites bids, and grants the concession to the insurance company which is willing to offer the most benefits.

Although there is no way for us to know the precise nature of these negotiations, we may assume that difficulties arise from at least two facts: (1) few consular representatives of any nation can be expected to know much about the field of health insurance; (2) the insurance brokers involved are handicapped by a lack of pertinent actuarial data. Until the present research was undertaken, little if anything was known about the basic demographic characteristics of the insured population, its health status before entering the United States, or its health experience while in this country. The insurance broker, operating within a virtual void, must advance a schedule of benefits sufficiently broad to gain acceptance by the Mexican government, and yet sufficiently restricted to retain a margin of profit within the premium schedule set by the Consul-General. A representative of the insurance industry said,

> We really took a flyer when we entered this bracero field. We could very easily have lost our shirts, since we were operating in a field no one had pioneered in before. We were flying blind. We were fortunate that the premium figure that was set in the first place was realistic enough that we were able to stay in business, and, in fact, we have been able to increase our benefits since then.[2]

In Texas, nonoccupational health insurance policies for Mexican Nationals consist of a simple "$500 blanket."

> When nonoccupational injury or sickness requires treatment by a legally qualified physician or surgeon, confinement within a hospital, employment of a graduate nurse, X-ray examination, medical prescriptions, or use of an ambulance, the Company will pay in addition to any other indemnitypayable hereunder, the entire amount of any expense actually incurred within twenty-six (26)

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[1] Ranging from $25 for partial loss of a finger or toe to $1,000 for loss of both hands, feet or eyes.

[2] Interview, June 17, 1957.

weeks after the day of the accident or commencement of the sickness any sums due for the proper cost of whatever medical, surgical, nurse, hospital service, medical or surgical apparatus, appliances and medicines not to exceed in the aggregate the sum of $500.00 for each insured employee.[1]

In California, braceros are covered by policies with considerably more detailed provisions. The Continental Casualty Company's Mexican Agricultural Workers Master Policy presently contains the following principal features:

(a) Life insurance (death, any cause): $1,000.

(b) Double indemnity (accidental death): $1,000.

(c) Burial expense (nonoccupational death): $350.[2]

(d) Loss of, or loss of use of:[3]
both hands, $1,000
both feet, $1,000
both eyes, $1,000
one hand and one foot, $1,000
one hand and one eye $1,000
one foot and one eye, $1,000
one hand, $500
one foot, $500
one eye, $500
one digit, $50
one digit (partial) $25.

(e) Hospital room and board, $15 per day. $600 maximum (40 days), any one sickness or accident.[4]

(f) Other hospital expenses, $300 maximum, any one sickness or accident.[5] (Includes laboratory tests, operating room, drugs, dressings, ambulance, and anesthetist's fee, if charged by hospital.)

(g) Doctor's services, $200 maximum, any one sickness or accident. ($4.00 for first visit, $2.00 for each subsequent visit in doctor's office; $4.00 for each camp visit; $4.00 for each hospital visit.)

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[1]American Employers Insurance Company (Boston, Mass.), "Mexican Farm Labor Nonoccupational Blanket Accident and Health Policy."

[2]Added, January, 1954.

[3]Added, May, 1951. Identical to occupational death and dismemberment benefits.

[4]Increased from $9 per day for a maximum of 31 days.

[5]Increased from $270, May, 1953.

(h) Surgery, $250 maximim, any one sickness or accident.[1] (Policy contains a fee schedule, each fixed fee including postoperative care.)

(i) Diagnostic procedures, $25 maximim, any one sickness or accident. (Includes X-rays and laboratory tests other than those performed in hospital.)

(j) Prescribed drugs (other than those provided in hospital), $25 maximum, any one sickness or accident.[2]

(k) Dental surgery, $25 aggregate limit during any one policy year.[3] (Includes only extraction or removal of teeth.)

(l) Transportation, $100 maximum.[4] (Provides travel expenses to home or hospital in Mexico for long-term cases which have exhausted other benefits.)

(m) Income insurance, $10 per week, $260 (26 weeks) maximum, any one sickness or accident.[5] (Indemnity begins 7 days after start of illness, 30 days after date of accident, continues as long as insured is wholly and continuously prevented from engaging in any gainful employment and is under regular care of a physician.)

(n) Exclusions: on-the-job conditions; attempted suicide; airplane accidents; accidents while attempting felony or resisting arrest.[6]

In contrast to the standard Texas policy which provides a $500 "blanket" benefit, not renewable, the Continental Casualty Company's policy provides benefits up to $1,660 during each six-month period, with an additional $100 for transportation to Mexico in cases in which other benefits have been exhausted.

The Constitution Life Insurance Company's "Mexican Agricultural Workers Master Policy" is identical to that of the Continental Casualty Company in most respects. For example, provisions for medical expense, diagnostic procedures, prescriptions, dental care, transportation, income insurance, life insurance, and burial expense are the same in the two policies, frequently being couched in precisely the same language. The only

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[1] Increased from $200, May, 1953.

[2] Added, May, 1951.

[3] Added, October, 1955.

[4] Added, October, 1955.

[5] Added, January, 1954.

[6] Former exclusions which have been dropped include preexisting conditions, venereal disease, and assault or intentional acts by others.

differences are the following: Constitution's policy does not contain a double indemnity provision for accidental death; Constitution excludes venereal disease; Continental excludes injuries incurred while committing or attempting to commit a felony or while resisting arrest; Constitution's maximum surgical fee is $200 rather than $250; Constitution provides $270 for incidental hospital expenses, rather than $300; Constitution provides $9 per day for a maximum of 31 days of hospitalization, rather than $15 per day up to 40 days.

Off-the-job coverage of braceros in California is unusually broad, by almost any standards. It is estimated, for example, that only about 3% of the American people have "comprehensive" health insurance coverage--meaning insurance against hospital, surgical, and medical bills.[1] The percentage of Americans who have, in addition, insurance against drug and dental expenses, and loss of income--all of which are provided in the bracero's policy--is no doubt very small. It is certainly no exaggeration to say that Mexican contract workers in California have remarkably comprehensive sickness and accident coverage in comparison with that available to most groups in the United States.

One of the few respects in which the braceros's coverage falls short of being truly comprehensive lies in the provision for hospital room rates. Nine dollars per day and $15 per day fall considerably short of the ward rates in most accredited hospitals in California. According to a representative of the U. S. Department of Labor, the difference between the health insurance provisions and hospitals' established rates may be provided for in one of two ways.

> In some cases, they may try to bill the bracero himself for the remainder. I don't know how often they manage to collect, but I would be inclined to think it isn't too often. The only other alternative is for the hospital itself to write off the balance as a loss. I understand that some of them have had to do this so often they will not accept bracero cases any more, except in emergencies.[2]

C. Financial Considerations

It is axiomatic that one may obtain almost any type of insurance coverage if one is willing to pay the premiums. Coverage such as that provided by the braceros' nonoccupational health insurance policy in California would probably cost an American citizen $30 per month, or more. Premium schedules in the Mexican National program are set in accordance with Mexican Consuls' estimates of what the braceros can afford. In Texas and Arkansas, this figure is presently $2.00 per month. When the nonoccupational program began in California in 1950, premiums were $3.00 per

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[1] Odin Anderson, National Family Survey of Medical Costs and Voluntary Health Insurance: Preliminary Report, New York: Health Information Foundation, 1954, p. 12.

[2] Interview, May 8, 1959.

month. They are currently $4.00 per month under the Continental Casualty Company policy; $2.70 per month under the Constitution Life Insurance Company policy.

There is some question as to the amount which braceros actually pay under the Continental Casualty Company policy. In most grower associations, premiums are deducted from braceros' pay checks at the end of each pay period. Both the International Agreement and Standard Work Contract specify that these periods shall be not more than two weeks. Many employers pay weekly. The most common practice in cases of biweekly payment is to deduct $2.00 for health insurance; in cases of weekly payment, to deduct $1.00. Since there are more than four weeks in every month but February, premium payments are, in effect, $4.26 or $4.39, rather than the $4.00 specified in the policy. Such an overpayment amounts to several thousand dollars per year in the case of a large association of bracero-users. In the course of this study it was not possible to determine whether this overpayment is retained by the associations, is forwarded to the insurance carrier, or what becomes of it.

Some employers deduct premiums once a month, for the month to come. This leads to another somewhat controverted situation. Assume a bracero working for the Imperial Valley Farmers Association has a contract under which he returns to Mexico on Monday, October 5, 1959. On Saturday, October 3, he will receive a check from which his October premium has been deducted. So far as is known, braceros are not reimbursed on a pro rata basis for such overpayment of premiums.

In view of the widespread interest today in the provision of medical insurance for agricultural workers the question of greatest interest is: how is it possible for insurance companies to furnish braceros with comprehensive health insurance at little more than a tenth of what it would cost American citizens? Are the companies, perhaps, losing money on their bracero nonoccupational insurance plans? All the available evidence suggests that they are not.

In the course of our field investigations, we were given permission to examine insurance company records which revealed, among other things, the total benefits paid for medical and related expenses of braceros employed during October, 1956, by four of California's 53 bracero-users' associations. These were the San Diego County Farmers Association, Progressive Growers Association (Santa Clara), San Joaquin Farm Production Association (Stockton), and Agricultural Labor Bureau (Fresno). These particular associations were chosen for examination as representatives of four different geographical sections of the State. Thus, for example, peculiarities in the experience of the San Diego association owing to climatic factors would presumably tend to be offset by experiences of the associatinns farther north. Additionally, these associations were selected because they were among the largest in California. Between them, at that time, they employed nearly one-third of the State's braceros.

Within this sample, benefits paid, exclusive of death benefits, were approximately $26,000. Health insurance premiums were approximately $73,000. (The insurance company distinguishes between the health insurance and the life insurance features of its bracero policy.) The loss ratio for these four large associations was 35.6%. This compares with loss ratios of nearly 80% in all U.S. group health insurance plans carried by proprietary companies, and over 95% in group practice prepayment plans. (See Table 23.)

Table 23

Income from Premiums and Expenditures for Benefits of Selected Health and Medical Plans, 1955

Insurance Carrier or Type of Plan	Income (thousands of dollars)	Expenditures for benefits (thousands)	Benefits as per cent of income
All carriers and plans	$4,577,768	$3,428,488	74.9
Nonprofit hospitalization plans, total	1,036,839	941,058	90.7
Associated Hospitals, New York	104,205	94,986	91.1
Michigan Hospital Service	91,939	87,818	95.5
Hospital Service, Chicago	44,031	41,663	94.6
Cleveland Hospital Service	35,791	34,277	95.8
Hospital Service, Southern California	22,471	19,588	87.2
Hospital Service of California	21,747	20,010	92.0
Maryland Hospital Service	15,858	14,843	93.6
Nonprofit medical-surgical plans, total	445,398	372,577	83.8
United Medical Service, New York	40,154	29,809	74.2
Medical Service, Pennsylvania	37,833	32,298	85.4
Michigan Medical Service	35,217	31,883	90.5
Massachusetts Medical Service	27,379	23,029	84.1
California Physicians' Service	26,631	22,527	84.6
Physicians Service, Ontario	10,379	9,799	94.4
Kings County Medical Service, Washington	8,172	7,400	90.6
Other nonprofit plans, total	199,300	180,800	90.7
Community	68,300	57,100	83.6
Consumer-sponsored	8,900	7,200	80.9
Fraternal societies	2,300	2,200	95.7
Employer and/or employee	52,600	54,900	104.4
Union Health and Welfare[a]	67,200	59,400	88.4
Student health services	5,500	5,400	98.2
Private Group Practice Prepayment Plans, total	19,100	18,200	95.3
Commercial carriers, group plans total	1,681,174	1,334,392	79.4
Metropolitan Life	242,513	194,461	80.2
Aetna Life	204,893	170,604	83.3
Travelers	149,157	127,355	85.4
Equitable Society	142,630	108,877	76.3
Prudential	101,153	77,652	76.8
Connecticut General Life	71,905	57,684	80.2
Occidental Life	62,031	52,633	84.8
John Hancock Mutual	58,518	44,733	76.4

Continued next page
(Footnotes are at end of table)

Table 23--Continued

Insurance Carrier or Type of Plan	Income (thousands of dollars)	Expenditures for benefits (thousands)	Benefits as per cent of income
Commercial carriers, group plans--continued			
Continental Casualty (all plans)	$ 54,149	$ 36,830	68.0
Continental Casualty (bracero plan)[b]	73	26	35.6
Constitution Life Insurance Company (bracero plan)	190	97	51.4
Commercial carriers, individual plans, total	1,195,884	581,435	48.6

[a]Includes only those funds used for the direct purchase of medical care without an intermediary insurance company or plan.

[b]Income from and expenditures for Mexican contract workers employed by four leading agricultural associations, California, October, 1956. Number of workers: 28,703.

SOURCES: "Voluntary Health Insurance and Medical Care Cost, 1948-1955," Social Security Bulletin, Vol. 19, No. 12, p. 4 (December, 1956);
"Premiums and Losses for 1955," Accident and Sickness Review, (April, 1956), pp. 22-34, passim;
Pan-American Underwriters Company, Los Angeles, unpublished data;
Constitution Life Insurance Company, group manager, interview, April 15, 1958.

Continental Casualty Company's loss ratio of 35.6% is, of course, based on a sample of only about one-third of the State's braceros, during a single season of the year. The estimate assumes plausibility, however, in the light of complete and official data from the Constitution Life Insurance Company. In 1957, this company received premiums of $189,547 under its Mexican Agricultural Workers Master Policy. Benefits totaled $97,485. The loss ratio was 51.4%. It will be recalled that the premiums of Constitution are only $2.70 per month, while those of Continental are $4.00 per month, almost 50% higher. Since, as we have already seen, the benefits under Continental's policy are only slightly more generous than Constitution's, and since, as we shall see in a moment, the organization of their services is virtually identical, it appears reasonable to conclude that the loss ratio under the higher premium schedule would be substantially less and that the loss ratio of 35% based on the above sample probably approximates that for the bracero program of the Continental Casualty Company in California.

Whatever doubt there might be about the financial attractiveness of writing braceros' health insurance was removed by an official of one of the companies in this field. He stated very candidly,

> Usually, a company will go into group health insurance largely for the public relations and good will of it. You don't usually make any money. Say you have a margin of 10% between your premiums and your benefits. That's not even enough to cover your administrative expenses. But you hope that the people in your group plan will buy their other forms of insurance from you. Like their life insurance--that's where the real money is. But this bracero deal is an entirely different kind of deal. You know they're not going to be buying any other kind of insurance. So you forget about the public relations angle, and you set up the bracero health insurance plan strictly as a money-making operation. We had a little trouble last year, which was our first year in the bracero field. But we got most of the bugs out, and have now got our loss ratio down to about 50%. That is practically unheard of in the group health field.[1]

Let us, at this point, rephrase the question previously raised: How is it possible for insurance companies to realize such profits from plans which offer unusually broad benefits at unusually low premiums?

To answer this question, it is necessary for us to examine the patterns in which braceros' medical services are organized; the extent to which braceros utilize the services for which they are eligible; and the several factors which influence braceros' utilization of medical services under their prepaid health insurance program.

D. Organization of Services

When the Continental Casualty Company began writing health insurance for braceros in California, its program was relatively unstructured. It was a completely "open-panel" plan, and all payments to physicians were on a fee-for-service basis.

In 1952, Pan-American Underwriters, which manages the program for Continental Casualty Company in California, retained a medical director. Although this physician resigned his position in 1957, many of the policies he instituted have become permanent features of the organization of health services for Mexican Nationals in this State.

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[1] Interview, April 15, 1958. It may be noted that there is nothing in the California insurance code which limits the premium-benefit ratio, although proposals are made from time to time by State legislators that this form of consumer safeguard should be written into the code.

In the words of the former medical director,

> First of all, I said to myself, this situation calls for Army-type medicine. I was a medical administrative officer in the Army during World War II, and was accustomed to dealing with thousands of men. If you have ever been in the Army, and if you have ever been in a Mexican National camp, you will realize the similarities. And you will see that here was a wonderful opportunity to put into practice some of the things that had worked so well in the army. . . .[1]

The remuneration of physicians associated with the plan assumes several forms. These were discussed in a 1953 communication from the medical director to the general manager of theprogram:

> Regarding the remuneration of the doctors for the care of these Mexican Nationals on a retainer basis. This presupposes that the doctor will go to the camp on the dates scheduled during the week, and at the scheduled hours.
>
> (a) The remuneration on a per capita basis, under 500 men, to be .65 per head.
>
> (b) From 500 to 1,000, .50 per head.
>
> (c) From 1,000 on it is best to place them on a $1,000 per month average, or to place them on a flat retainer of $800.
>
> (d) When it gets to 2,000 average, to pay $1,000 per month and when it gets over 2,000 to give consideration to the mileage, and allow something for that.
>
> If the doctors request retainers for fewer than 1,000 men, the retainer basis is to be computed on the per capita basis.[2]

Apparently, the capitation schedule suggested in this letter is still in effect. A physician who cares for the baraceros in one of the major Southern California citrus associations receives a retainer of $275 per month--approximately 50 cents per man for the camp with a capacity of slightly over 500.

In areas where the disposition of bracero camps has made "Army-type" medicine unfeasible, braceros are cared for on a fee-for-service basis. Most fees are fixed by the insurance company's standard fee schedule.

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[1] Interview, June 11, 1957. The medical director's conception of "Army-type medicine" is best reflected in a memorandum prepared by him for all doctors associated with the program. See Appendix A.

[2] Letter, October 12, 1953.

Other expenses of the program were discussed in the following way by the medical director, in the same communication quoted above:

> The nurses to average $275.00 per month for 44 hours per week, and the nurses aides to be paid $250.00 per month for a 44 hour week, excepting when they have to go into areas of great heat or great isolation, when satisfactory remuneration should be allowed, with an extra $25.00 or $50.00. . . .
>
> Rentals: it is preferred and requested that arrangements be made to have rentals within the camps, the larger camps of the Labor associations where the rental fee would probably be nothing; however, request should be made for rental allowance if requested even in these areas, otherwise rentals to be in the towns nearest to the larger camps. The rentals should be of unfurnished houses, the top rental being $50.00 per month.
>
> Equipment for these small dispensaries at the camps--an examining table that can be made by a carpenter, and another smaller table for instruments, and a few shelves for drugs, these too can be made by a carpenter and should suffice . . . . These tables and shelves should not cost more than $50.00. In the larger dispensaries where 1,000 or more men are seen, the same set-up should prevail except that perhaps more items, according to the doctor's desires but the top on such expense should be $100. Most of this equipment can be obtained from 2nd hand stores. . . .Much of this material can be painted or renovated by the personnel of the clinic.
>
> Surgical equipment and drugs should be for an average 300 (man) camp and should be no more than $200.00 total, and for a 1,000 (man) camp, should be no more than $300.00 to start with.[1]

One of the difficulties facing the bracero health plan in California was the traditional opposition of the medical profession to "closed-panel" plans. In an interview with the investigator, the former medical director of Pan-American Underwriters said,

> In San Bernardino, Imperial County, and Los Angeles, for example, the local medical societies were very antagonistic at first. They looked upon this as a closed-panel system, and you know what organized medicine thinks about closed-panel systems. What I did was to go around to all the areas where we had the program, and appear before the local Medical Society, explaining the program carefully. . . . I have many friends up and down the state and this helped. I must have appeared before every medical society in the State at one time or another. I would always ask the local society, first, if it could suggest to me one of its members

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[1] Ibid.

who might be interested in a salaried position, like an industrial physician. If so, good. If not, well, I had to round up somebody on my own. I always tried to work through the medical societies. And we ended up by having very good relations. The plan was never really a closed-panel. It was only semi-closed. A Mexican National could go to any licensed physician if the company physician wasn't available, or wasn't satisfactory for some reason or another. Every month I always had a stack of claims about an inch high from non-affiliated physicians.[1]

The following letter from the former medical director of Pan-American Underwriters to the president of a Southern California county medical society, illustrates the manner in which cooperation of the medical profession was obtained.

Dear Doctor _____:

This follows a previous communication to you regarding our Insurance Company going into your area and assuming the risk in the care of the Mexican Nationals under contract labor . . . . These arrangements have now been consummated and it now becomes my problem to provide adequate medical care as per the contract agreement of our Insurance Company. . . .

We are therefore appealing to our medical profession in that area for help and advice in this work. . . . We will solicit from you and from the association membership the following:

1. Consultants willing to work on this program.
2. Laboratory facilities for the care of these Mexican Nationals.
3. Adequate hospital facilities for these men. . . .
4. Any advice you can give us that will lead to the better care of these individuals, within the economic means and within the contract agreement of our Insurance Company.

Please keep in mind . . .

1. That this is a unique insurance plan in that it is not a definitive type of care--it is more or less of a transitory type of care.

2. That it applies to the Mexican Nationals only, who bring unknown diseases and health problems to this area which then become our problem.

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[1]Interview, June 11, 1957.

3. That the insurance rates are very low and we have to be exceedingly careful economically as there has been no other plan to date and we are carrying on from our experience in the other parts of the state. . . .

4. There is a language problem in that these men must be conversed with in their own language in order to be understood and their problems taken care of . . . .

We will of course request that the doctors who are willing to help us in the program, accept our fee schedule. Also, we prefer the Spanish-speaking doctors. We of course prefer County Medical Association members and state approved laboratories, and AMA certified hospitals. We would like to confine these facilities, and helpers to only a few in each community so that it will be of help financially from the standpoint of volume which of course means greater income. We prefer the younger men who have more time and perhaps a greater desire for this type of work.

We will have at least one doctor in the community, one of our best medical administrators who has had experience with our program in other areas in the state and in your area, who will guide our panel staff in that area as they request, and who will also direct the distribution and disbursement of these patients . . . .[1]

The writer is aware of only one instance in the history of the bracero nonoccupational health insurance program in California in which pronounced opposition to the closed-panel or semi-closed-panel organization of bracero health services has been raised by a member of the medical profession.[2] It seems likely that several factors have been at work to overcome the traditional opposition of organized medicine to this type of medical care plan. In addition to the diplomatic efforts of the plan's medical director, the following considerations appear to have been at work:

(a) Generally speaking, the creation of the bracero health plan in California did not pose any loss of revenue to private practitioners. For the most part, as we observed earlier, prior to the organization of this plan, the nonoccupational health needs of braceros were either met on a charitable basis, or were unmet.

(b) To most physicians, medical practice among braceros is not an attractive type of practice. To a conscientious physician, inability to communicate directly with the patient is a tremendous obstacle to the provision of good quality medical care. Another tremendous obstacle consists in the impermanence of the population involved. A conscientious physician,

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[1]Letter, September 21, 1953.

[2]This occurred in Imperial County, 1958.

too, might be discouraged from participation in the braceros' health plan by the circumscriptions the plan, as it actually operates, places on his activities. One physician who had resigned from the program's panel said,

> In many ways, it was a good plan, but it seemed to me that pressures were too much in the direction of saving a buck. I couldn't work under those conditions, so I resigned. The parting of the ways was amicable.[1]

(c) It is probable that relatively few physicians care to have their practice too closely associated, in the public mind, with the lower-lower socio-economic class. Indeed, if one were to attempt to fit braceros into the American social structure, it would probably be necessary to add a new category, below anything conceptualized by the professional students of social class.[2]

In some areas of California, the bracero health plan more closely resembles an open-panel than a closed-panel plan. In Northern California, for example, a number of major bracero-users' associations confine their activities largely to labor relations and bookkeeping. They do not provide central housing facilities, as is the common practice in Southern California. The San Joaquin Farm Production Association, for example, houses its braceros in scores of relatively small camps, scattered throughout several counties. Most of these camps are far too small to justify the maintenance of a camp clinic. In these cases, braceros who have to be taken to a doctor are taken to a private practitioner in a nearby town.

These open-ended aspects of the bracero health program have led to what the insurance carriers have felt to be an important problem: doctor abuse. An officer of one of the companies put the matter in these words:

> Doctor abuse is one of our biggest headaches. In fact, I will say this has been our number one headache as it has of everyone in this field. If you give me honest doctors, and a broad population base, I will give you comprehensive coverage like that we are giving the Mexican Nationals, for $2 a month. I can write comprehensive insurance for everybody in California for that amount, given those conditions. Let me give you an example of a glaring case of doctor abuse that we had just last fall. Last August, I believe it was. In one of the citrus associations, our doctor--our regular doctor--had to leave the area, and while he was away, some other doctors in the area got their hooks into one poor fellow. They didn't let go of him until he was dead. He had some ailment which was difficult to diagnose. They jumped right in. They gave this guy six different operations, for everything you can imagine. These operations were performed by five different doctors. The total

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[1] Interview, July 23, 1957.

[2] E.g., W. Lloyd Warner and P. S. Lunt, The Social Life of a Modern Community, New Haven, Conn.: Yale University Press, 1941.

claims involved were $8,600. And, as I say, this fellow died in spite of all this. An autopsy was performed and it was found that he had died of a duodenal ulcer, which, interestingly enough was one of the few conditions they hadn't operated for. Did we pay? Hell, no! We had no intention of paying. In fact, we intended to take the matter into court. We wanted to have a trial to let people know what was going on in the way of doctor collusion, fee splitting, unnecessary surgery, and so forth. Well, we didn't actually go through with it. But, in any case we certainly didn't pay those claims. This is the sort of thing that has gone on and still goes on to some extent.[1]

During the time that Pan-American Underwriters had a medical director, one of his principal activities was to scrutinize doctors' claims. Extracts from letters from the medical director to participating physicians in various parts of the state may be found in Appendix B.

At the present time, the underwriting company no longer retains a doctor to review the claims which are submitted, but, as the general manager states, "We have been in this thing long enough to know what is legitimate and what is not. We have a woman in the claims department who knows as much about pre-existing conditions, and that sort of thing, as anybody could."[2]

Physicians do not invariably accept the judgments of the underwriting company without complaints. For example, the head of a clinic which provided a good deal of bracero medical care wrote to the insurance firm,

> On this date we received some . . . refusals to pay, for one reason or another . . . (you have) arbitrarily, within your office, set fees and also labeled procedures that are strictly medical, and classified them in another category. For instance, a tuberculin skin test performed on . . . 2/19/57 has been classified by your auditor as laboratory work--clinically and medically, this is not so--this is a diagnostic procedure but it is not laboratory and we therefore place this under the classification of treatment or medical service . . . .
>
> Then along this same line we have refusal to pay for surgery performed on Mr. _____ stating that this was elective and unauthorized. This of course is entirely of your own fabrication inasmuch as this history which is in our records and also in the hospital clearly indicated that this patient was brought in because of persistent pain over a period of many days until he was finally unable to work. This pain was definitely related to the infection of the prepuce caused in turn by a very tight foreskin, and only treatment was that of surgery and the crucial test of this

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[1] Interview, June 19, 1957.

[2] Interview, June 19, 1957.

is that immediately following surgery, that is the day after, the infection and the pain subsided and the patient was well thereafter . . . .

Then there is the matter of transportation of these patients to and from the hospital--these patients have no funds and no way of getting to the hospital or to the camp, as in the case of _____ . . . . This patient was taken to the hospital and brought from the hospital to the clinic so that he could then be placed in a proper conveyance and returned to his camp. This was done by our delivery service vehicle and our fee for transporation was denied. I don't know what else we can do with people who have been surgerized--we certainly cannot throw them out into the street since we have dismissed them from the hospital and they have no funds, and more often than not the camp managers will not come in to bring them, or to take them back to their camps and we therefore feel that this transportation service is a part of the medical service. . . .

In addition, there is the matter of arbitrarily cutting down the charge for a urinalysis from $3.00 to $2.00 stating that the industrial fee is only $2.00--I wish to submit that your auditor is in error as the industrial fee schedule very clearly states that the fee for chemical urinalysis which is a test for albumin and sugar in the urine is $2.00 and when there is a microscopic analysis which entails greater analysis and more time, that an additional $1.00 is allowed. . . .

Also, I wish to make comment that I have to accept as within your right the refusal to pay more than $25.00 for laboratory work on any one case . . . however I wish to state that it seems difficult for a clinician to adequately treat and take care of patients at times . . . we will in the future be extremely careful along this line . . . and we will refer them to the County Hospital a tax-maintained institution for further analysis if the case in our opinion so indicates inasmuch as most of these men do not have the extra money and in a good many of the cases the great majority of them are not willing to pay and since they are transients to a great degree, we cannot allow them credit. . . .[1]

Still another way in which the insurance companies have attempted to minimize costs is to draw a line very firmly between occupational and non-occupational cases. For example, a company official wrote to one of the participating physicians early in the program,

I hope that you have been keen on interpreting the cases that are workmen's compensation, and those that are not--and that you be solicitous of the proper persons so

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[1]Letter, June 29, 1957.

that they will allow you to do this compensation work for them, thus adding to your total income . . . .[1]

As time went by, Pan-American Underwriters itself entered the workmen's compensation insurance field. In the words of an officer of the company,

> We have been able to enter successfully into the compensation field, since there are obviously great efficencies in our system. We already have dispensaries and doctors set up in many of the camps. It is quite simple to include on-the-job as well as off-the-job sickness and accidents. This is what we call our "twenty-four hours coverage." It is a package that we are rather proud of. Many of the associations have bought it, although of course each association is perfectly free to do business with another workmen's compensation carrier if it chooses.[2]

For most of the braceros in California, then, arrangements for medical care services for nonoccupational conditions are identical to arrangements for work-connected conditions. The employer pays for the former, the employee for the latter--but the quality of the services is identical. Indeed, braceros themselves are usually unaware of, or confused about, the distinction between Workmen's Compensation Insurance and their off-the-job coverage. (See Section H, below.)

In summarizing this section, we may say that the manner in which health services for braceros in California are organized has much to do with the fact the insurance companies are able to offer broad coverage, at a low premium, and still enjoy generous profits. For example, the Constitution Life Insurance Company found, in its first year of operating a bracero health program, that the loss ratio under a fee-for-service plan was approximately 75%. In its second year, it followed the lead of Pan-American Underwriters in providing camp clinics wherever possible, and cut its loss ratio to approximately 50%.

Theoretically, a health plan organized along the lines of those of Pan-American Underwriters and Constitution Life Insurance may deliver health services of a high quality, as attractive to the recipients of medical care as any other arrangement. In the remainder of this chapter, we shall examine the extent to which braceros actually avail themselves of the health services to which they are entitled, and we shall examine several of the factors which influence this pattern of utilization.

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[1] Letter, June 6, 1953.

[2] Interview, June 19, 1957.

E. Utilization

However well it may be constructed in theory, no health insurance plan is any better than the extent to which it succeeds in delivering medical services to the individuals whom it covers. Among the first questions we may properly ask of the health program for braceros in California, therefore, is: do braceros use it?

There are several ways in which we might attempt to answer this question. We might ask braceros themselves, through a retrospective survey technique. We did, in fact, gather a good deal of information in this way, which will be discussed at a number of points throughout the remainder of this chapter.

An opportunity presented itself, however, for an even more satisfactory technique--one which was independent of the memory factor which limits all retrospective surveys. Pan-American Underwriters, which serves as agent for the insurance company which writes most bracero health insurance in California, made available certain of its claims files for the purpose of the present investigation. We chose to study the claims for medical services rendered to braceros employed by five growers' associations during the month of October, 1956. It is felt that the results obtained are highly suggestive of utilization patterns among California's braceros generally. The associations studied included one in a border county (San Diego County Farmers Association), one in the south coast region (Redlands-Highlands Farm Labor Association), one in the lower San Joaquin Valley (Agricultural Labor Bureau), one in the upper San Joaquin Valley (San Joaquin Farm Production Association), and one in the Santa Clara Valley (Progressive Growers Association).[1]

For two major reasons, the month of October was considered a useful time span for our review of claims. In the first place, October is the month in which the largest numbers of braceros are traditionally employed in California. Secondly, October bridges California's two principal seasons--the dry and the wet. Thus, it presumably avoids the bias toward upper respiratory infections which would have been introduced by selection of a winter month, and, likewise, the opposite bias which a summer month would have introduced.

The manager of Pan-American Underwriters assured us that every medical service rendered to braceros employed by these five associations was reflected in a claim submitted to the underwriting company.

Each claim submitted for services rendered to Mexican Nationals employed by these five associations during the month of October, 1956, was tabulated. In all, 2,924 claims were reviewed.

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[1]Useful morbidity data were also obtained from a group of associations in the Watsonville area which were served by a common physician. It was not possible, however, to translate these data into utilization rates as the population at risk was not known.

At the time this survey was conducted, it was not possible to obtain information from government agencies as to the number of braceros employed by the state's grower associations. However, from data supplied by Pan-American Underwriters, we were able to calculate the average number of braceros employed by each of the five associations during October, 1956. These data, together with our data on doctors' services, enabled us to calculate utilization rates for each association. In order to make these data comparable to those used in other health surveys, we multiplied our monthly utilization rates by twelve to yield an equivalent annual rate. These rates may be found in the following table:

Table 24

Doctor Visits by Mexican Nationals in Five California Growers' Associations, October, 1956 (Adjusted to an Annual Rate)

Employer	Population at risk (man-years)	Doctors' services rendered, per man per year
Association #1	704	1.1
Association #2	367	2.0
Association #3	200	2.4
Association #4	308	1.3
Association #5	21	1.2

SOURCE: Pan-American Underwriters Company, Los Angeles, unpublished data.

The weighted average of these five rates is 1.5 physicians' visits per year. Although we cannot compare this utilization rate with those from a precisely matched sample of American males, it is instructive to compare it with utilization rates from other populations with some of the same demographic characteristics as braceros. We know, for example, that the median age of braceros in California is approximately 29 years, the range being from about 18 to 55. There is no reason to believe there was an abnormal age distribution among the men in the five camps studied.

In the U. S. National Health Survey, conducted July, 1957, to June, 1959, it was found that males 15 to 54 years of age visited a physician, on the average, 3.8 times per year, exclusive of doctor calls in the hospital.[1] Inclusion of hospital calls would probably raise this utilization rate to 4.2 or 4.3 visits per person per year.

[1] U.S. Public Health Service, Health Statistics from the U.S. National Health Survey, Series B, No. 19, 1960, p. 12.

Of perhaps even more direct pertinence are the results of the California Morbidity Survey, conducted in 1955 by the California Department of Public Health. In this State, it was found that males 15 to 44 years of age consulted a physician an average of 4.5 times per year (including hospital visits).[1] The California survey was conducted between January and April, while our bracero data were drawn from October, but it is hardly possible that this could account for the fact the utilization rate for braceros was only about one-third that of the State's general population of comparable sex and age. Data from the National Health Survey reveal that in 1958-59, utilization rates were lower in the October-December quarter than in the January-March quarter, but that in 1957-58 the converse was the case.[2]

Several qualifications are in order in our analysis of utilization data from bracero claims, as compared to other population groups.

(a) In a few associatons which maintain central housing facilities, with clinics in those facilities, braceros appear to utilize doctors' services more often than braceros in associations, such as the five we have reviewed, which either do not maintain centralized housing facilities, or do not maintain a camp clinic. The total bias thus introduced, however, is probably very slight. Only 30 of the state's approximately 5,000 bracero camps have their own clinics. What is more, our observations suggest that only under particular circumstances do camp clinics in themselves result in markedly higher utilization rates. Only two camps in the state of California have been found in which a combination of circumstances had resulted in strikingly elevated rates. (Later in this chapter, we shall discuss some of the other conditions in these particular camps.) Taken together, they employ less than 1% of the braceros in the state. It is very doubtful that these associations offset the substantially larger associations in which utilization rates are even lower than those we have reviewed above. Following, for example, are rates from a major association in Southern California which, during the period covered, maintained a centralized clinic to which all braceros employed by the association were referred for medical treatment.

(b) To the extent that braceros may be likened to a rural-farm population in the U.S., qualifications must be made in our comparisons. In the National Health Survey of 1957-59, it was found that males 15 to 54 who resided in urban areas visited a physician 3.9 times per year on the average, while those who resided in rural-farm areas saw a doctor only 2.9 times a year.[3] But it should be noted, first of all, that many of the qualities traditionally associated with rural living, which perhaps account in part for reduced utilization rates, are not to be found in the

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[1] State of California, Department of Public Health, Bureau of Chronic Diseases, California Health Survey, Preliminary Data, March, 1956. (Mimeographed.)

[2] U.S. Public Health Service, op. cit., p. 12.

[3] Ibid., p. 17.

Table 25

Braceros' Doctor Visits, Number and Rate, Imperial Valley Farmers Association, March and April, 1955

	March, 1955	April, 1955
Population at risk[a]	6,520	5,839
Total patients	659	342
New patients	216	80
Old patients	443	262
Utilization rate, monthly[b]	0.10	0.06
Utilization rate, annual equivalent[c]	1.20	0.70

[a]Smallest number of Mexican Nationals under contract at any time during month.

[b]Medical services rendered per eligible worker.

[c]Monthly utilization rate multiplied by twelve.

SOURCE: Memoranda from physician-in-charge, El Centro Clinic, April 5, and May 4, 1955. (Adapted.)

bracero program. Living in crowded barracks, eating indifferent or sub-standard meals in crowded mess halls, and working at a frantic pace have little in common with the life led by the independent farmer or average year-around hired hand.

Secondly, we should note that a second principal factor in reducing rural-farm utilization rates--namely, inaccessibility of services--is, at least theoretically, absent from the bracero program. Economic inaccessibility is removed through the prepayment principle, and geographic inaccessibility is removed by the provision of the sick-call system. (In subsequent portions of this chapter, we shall comment upon some of the ways in which these provisions now and again break down.)

(c) The utilization data we have been discussing include all doctors' services, whether rendered in the office, in the hospital, or in the home (i.e., camp). Doctors' services, however, are only part of the health services for which braceros are eligible. Our data are insufficient to permit us to calculate braceros' rates of utilization of hospital services and other types of health services to which they are technically entitled. Case materials suggest that faulty diagnosis leads to a certain

amount of unnecessary hospitalization within the bracero health plan. A nurse who worked in a hospital in a major bracero-using region said,

> We had one bracero, named Pedro Z _____, who came into the hospital with a suspected case of appendicitis. After two and a half weeks, he was discharged, because they found out it was a case of worms.
>
> We had another bracero like that. His name was Arcadio O _____. He came in with a pain in the stomach. Nobody knew what was the matter with him. Finally, he was cured with just milk of magnesia. I guess he was just constipated. He was in for over two weeks.
>
> Then, we had José A _____ in here, off and on, from May until November. He had a stomach pain also. First of all, they operated and removed his gall bladder. After a while, he came back in, for the same stomach pain. They kept him under observation, but couldn't decide what to do for him, so they transferred him to another hospital. After a while, he was sent back here, and then they sent him over to the County Hospital. I don't know what kind of treatment he received at these other hospitals, but, anyway, it didn't cure him, because after he had been in the County Hospital, he was sent back here again. Finally, Dr. _____ diagnosed his case. He said it was abdominal cancer, and it was a hopeless case. The bracero was told he was going to die, and he was sent back to Mexicali on November 3rd. He didn't want to go, but there was nothing they could do for him here.[1]

The same informant reported that it was the practice in her hospital to hold braceros for at least three weeks after an appendectomy, which is in marked contrast to current practice among American citizens. Our informant said,

> I am not sure why they keep the bracero appendix cases so long, but I think it is because they are afraid if they send the men back to camp, they will not be kept quiet the way they should.[2]

Taken all in all, however, it is doubtful that braceros' use of hospital, ambulance, prescription, and other health services is inconsistent with their low rates of utilization of physicians' services. The financial data which we reviewed in the previous section included all expenses under the bracero health plan, and modest loss ratios such as those we observed would not have been possible if over-hospitalization were widespread.

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[1] Interview, November 16, 1958.

[2] Ibid.

(d) The claims for physicians' services which we reviewed did not include Workmen's Compensation cases. The data from the U.S. National Health Survey and California Morbidity Survey included such cases, as well as nonoccupational cases. To this extent, the bracero utilization data are under-reported. Once again, though, it is believed the bias is small. A physician who treats more than 400 braceros per month, reported that in the average month only about ten (2 1/2%) of these are Workmen's Compensation cases.[1]

(e) The data for the bracero population included only doctor visits for which the insurance company rather than the patient paid. In some cases, braceros pay for their own medical care for reasons which are developed later in this chapter. The California and U.S. data which we have used for comparative purposes include all doctor visits. In this respect, again, the bracero data are under-reported. Again, also, the discrepancy is probably not serious. Relatively few braceros are in a position to pay out of pocket for doctor visits or prescriptions.

In summary, it is probable that the average bracero in California sees a doctor not more than twice a year. The figure for the rural-farm male population of comparable ages is at least half again as great. What does this mean? Do braceros need less medical care than American citizens? Are braceros receiving inadequate medical care while they are in this country? What is "adequate medical care" within the frame of reference of the bracero program?

F. Preliminary Medical Screening

The adequacy of health arrangements for braceros in the U. S. is frequently defended on the grounds that the health needs of these workers are minimal. The argument goes that this is an unusually "healthy" population, owing to the medical screening which is a precondition of contracting.

However, as noted in Chapter III, the screening is quite crude in many respects. There is considerable reason to doubt that the rejection of approximately 2% of the rural Mexicans who seek contracts yields a population significantly "healthier" than rural Americans of comparable age and sex who have not been screened.

Such doubts, though, cannot be either conclusively corroborated or disproved on the basis of evidence presently available. We must recognize the possibility that perhaps braceros' health needs are substantially more modest than those of other populations--at least in the period immediately following their medical screening. Even if this were the case (and we do not know that it is) the following points would still need to be made:

(a) Screening may yield a population which is, momentarily, relatively "healthy," but it does not and cannot confer immunity against illness and accidents which befall after the screening takes place. Discussions of the health needs of braceros must give primary attention to the conditions of

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[1] Interview, January 2, 1958.

employment and environment encountered by these workers between the time they pass their physical examinations at the border and the time they complete their contracts. We have attempted to do so in this report. The bulk of the evidence suggests that living and working conditions of braceros in this coutnry probably combine to offset any temporarily advantageous health status which may result from border screening.

(b) In the last analysis, comparisons of braceros with other population groups--as to health status, health needs, utilization of health services, and the like--are largely irrelevant. It does not really help us to know that braceros get sick more or less often than other groups. It does not help to know that braceros see doctors more or less often than other groups. It is quite beside the point to be told that braceros consult physicians more frequently in the U.S. than they do in Mexico.

The important question--indeed, the only relevant question throughout this entire monograph--is this: Are braceros receiving fully the care to which they are entitled and for which they pay, during the time they are working under contract in the U.S.? The remainder of this chapter represents an attempt to answer this question. We shall attempt to define "the care to which they are entitled" operationally, in terms of objective considerations (braceros' morbidity and mortality patterns in the U.S.) as well as subjective considerations (braceros' own concepts of acceptable medical care). We shall then examine the available evidence bearing on the extent to which this is provided under existing arrangements.

G. Morbidity and Mortality

Lay opinion sometimes holds that braceros' health needs are simple because they do not get sick very often. For example, one Southern Californian told us,

> Have you ever noticed that the Mexicans never get colds or any of these little things that are always bothering the rest of us? I used to work . . . with some of them down in San Diego. I would always be laid up two or three times every year, but they never were. You know why that is? I'll tell you. It's because of all the onion and garlic that they eat.[1]

A representative of the California Farm Placement Service, similarly, felt that braceros' health problems are few.

> You've got to remember, the Nationals are here in the summer time--during the sunny season. The germs have a hell of a time![2]

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[1] Interview, April 1, 1957.

[2] Interview, December 18, 1956.

A few professional observers would probably tend to agree with the premise that braceros are "naturally" healthy, but on rather more sophisticated grounds. The thesis has been advanced that a certain racial quality among American Indians renders them virtually immune to cancer, diabetes, and other major degenerative diseases.[1] If this were true, it might help to account for braceros' relatively infrequent use of medical services, for braceros come overwhelmingly from the clase humilde in Mexico, which has distinctly more Indian than Spanish characteristics.

Can we accept the racial thesis? We lack the data necessary to answer this question with complete assurance. Aside from the present investigation, there have been no morbidity studies among braceros in the United States--or, so far as is known, among their counterparts in Mexico. Apparently, the only available statistics which directly illuminate braceros' sickness experience are drawn from (1) the analysis of 2,924 insurance claims, mentioned earlier, and (2) our interviews with somewhat more than 1,000 braceros, some prior to contracting, some after contracting, some in the midst of the contracting process.

1. Quantitative Evidence

In considering our data derived from insurance company records, it is essential to bear in mind that these are not true morbidity data, but data concerning utilization of doctors' services. Some braceros may have consulted a doctor when they were not actually ill; many, no doubt, failed to consult a doctor when they were in fact ill.

Notwithstanding these limitations, our data constitute perhaps the nearest approach to bracero morbidity data presently available.

Table 26 evidently does not support the "racial" thesis. This table indicates that there were no differences in kind between the diagnostic categories of physicians' services rendered to braceros and those rendered to a sample of males covered by the Permanente plan. The differences which exist may be accounted for in terms of age differences between the two groups; sampling variations; or, most promising of all, socio-economic differences.

Congenital malformations and diseases peculiar to the first year of life are absent from the bracero morbidity data due to the selected character of this population. Diseases of the blood and blood-forming organs, which account for one-tenth of one per cent of the Permanente group's doctor visits do not appear in the bracero group, probably because the sample was somewhat smaller than the Permanente sample.

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[1] For a statement of this theory, see testimony of Raymond C. McKay for the National Committee on Indian Health, before the Senate Subcommittee on Interior Department Appropriations Bill (H.R. 3790), May 29, 1951. For a note of caution concerning the theory, see H. De Lien and J. Hadley, "How to Recognize an Indian Health Problem," Human Organization, 11:29-33 (1952).

Table 26

Utilization of Physicians' Services by Permanente[1] Health Plan Population, and Mexican Nationals; by Broad Diagnostic Categories, Number and Per Cent

Diagnostic Category	Permanente Enrollees[a]		Mexican Nationals	
	Number	Per cent	Number	Per cent
Total, All Categories	4,330	100.0	2,924	100.0
Infective and parasitic diseases	159	3.7	205	7.0
Neoplasms	61	1.4	15	0.5
Allergic, endocrine, metabolic, and nutritional diseases	259	6.0	61	2.1
Diseases of the blood and blood-forming organs	6	0.1	--	--
Mental, psychoneurotic and personality disorders	111	2.6	73	2.5
Diseases of the nervous system and sense organs	491	11.3	201	6.9
Diseases of the circulatory system	178	4.1	28	1.0
Diseases of the respiratory system	1,021	23.6	819	28.0
Diseases of the digestive system	331	7.7	537	18.4
Diseases of the genito-urinary system	100	2.3	152	5.2
Diseases of the skin and cellular tissues	395	9.1	214	7.3
Diseases of the bones and organs of movement	234	5.4	325	11.0
Congenital malformations	21	0.5	--	--
Diseases peculiar to the first year of life	b	c	--	--

Continued on next page
(Footnotes are at end of table)

[1] The name of the Permanente Health Plan was changed to Kaiser Foundation Health Plan in 1953.

Table 26--Continued

Diagnostic Category	Permanente Enrollees[a]		Mexican Nationals	
	Number	Per cent	Number	Per cent
Total, All Categories--continued				
Senility and ill-defined conditions	372	8.6	110[d]	3.7
Accidents, poisonings, and violence (by nature of injury)	589	13.6	184	6.3

[a]Includes new and old cases for which medical attention was sought between May 1, 1949, and April 30, 1950, by a 10 per cent sample of male Permanente Health Plan members, at six Permanente Health Plan facilities in the San Francisco Bay Area.

[b]Includes claims for new and old cases, submitted by physicians in San Diego, Redlands, Fresno, Stockton, San Jose, and Watsonville areas, for services rendered during October, 1956.

[c]Less than 0.1%.

[d]Includes 16 diagnostic procedures.

NOTE: The categories employed are those of the World Health Organization code.

SOURCES: Arthur Weissman, "A Morbidity Study of the Permanente Health Plan Population; A Preliminary Report," Permanente Foundation Medical Bulletin, 9:7-10 (January, 1951).

Unpublished materials, Pan-American Underwriters, Los Angeles, California.

In both groups, respiratory diseases were the most common reason for seeing a doctor. In other respects, however, there were substantial differences in degree between the cause-specific ratios of the two groups. The second most common complaint among braceros was digestive ailments; this ranked sixth in the Permanente Health Plan population. The second most common complaint in the Permanente group was accidental injuries; this ranked seventh in the bracero sample. Some of the other differences were: diseases of the circulatory system, and endocrinal, nutritional and kindred diseases, in both of which the Permanente rates were much higher than those of the bracero group; diseases of the bones, muscles and joints, diseases of the genito-urinary system, and infectious diseases, in all three of which the bracero rates were substantially greater than those of

the Permanente population. Further research would be required to determine, first, the extent to which these differences were real and the extent to which they were a function of sampling; and, second, the extent to which the real differences were the product of variables in the physical and social environment.

Tables 43 and 44 which may be found in Appendix C, classify the 2,924 doctors' services in our bracero sample into employers' groups, and detailed diagnoses. The diagnostic categories are taken from the Sixth Revision of the International Statistical Classification of Diseases, Injuries, and Causes of Death.

These tables indicate a number of marked differences between the several bracero-users' associations--differences which might properly become the basis for further investigation. For example, 14.5% of the doctors' services provided by the Agricultural Labor Bureau of the San Joaquin Valley, Inc., were for the treatment of syphilis. This was nearly seven times the percentage of any other association studied.

For another example, 53.2% of the doctors' services rendered in the Watsonville area were for diseases of the respiratory system--principally nasopharyngitis, influenza, and bronchitis--whereas the same class of illnesses represented less than half that proportion in the San Joaquin Farm Production Association, San Diego County Farmers Association, Progressive Growers Association, and Agricultural Labor Bureau. It will be recalled that the period surveyed--October, 1956--was the same in every case. Evidently, braceros find it unusually difficult to adapt themselves to the climate of Santa Cruz and Monterey Counties, which tends to be damper and cooler than most of the rest of California.

There were striking variations among the associations with respect to illnesses of the bones and organs of movement; diseases of the skin and cellular tissue; diseases of the genito-urinary system; diseases of the digestive system; and accidents, poisoning, and violence. The magnitude of some of these differences would no doubt have been reduced if our survey had covered a longer period; some were probably due to differing diagnostic practices on the part of certain association doctors. All seem worthy of further investigation. We cannot account for them on the basis of information presently available.

The above data may be supplemented by the results from a series of questions we asked braceros in the course of our investigations. While the following data constitute what is more nearly a morbidity study, strictly speaking, than the foregoing statistics on doctors' services, additional limitations of the data must be mentioned.

All morbidity surveys resting on an interview technique necessarily rely heavily upon memory, and memory is a highly imperfect servant. In the case of the bracero population, we have reason to suspect the play of more than the usual amount of "motivated forgetting." In Mexico, it is not considered manly to be sick or to admit that one has been sick. We might suspect, too, that our informants would be inclined to under-report their sickness experience--particularly those who had not received their contracts--out of fear that an admission of sickness, even at an earlier date, could jeopardize their entry into the United States.

The latter possibility was borne out, to an extent, in a comparison between responses of informants who had, and those who had not, received their contracts at the time of the interview.

Table 27

Responses of 433 Braceros Entering the United States to the Question, "Have You Been to a Doctor During the Past Twelve Months?" Classified by Informants' Contract Status At Time of Interview

Contract Status	Total		No doctor visits reported		One or more doctor visits reported	
	Number	Per cent	Number	Per cent	Number	Per cent
TOTAL	433	100.0	282	65.1	151	34.9
Informants with contracts	183	100.0	112	61.2	71	38.8
Informants without contracts	250	100.0	170	68.0	80	32.0

The standard error of the difference between the two percentages is 3.2%; the critical ratio of the difference is 2.12, which is significant at the five per cent level, of confidence but not at the one per cent level.

Perhaps an even more serious limitation than any we have mentioned, however, is the frame of reference which many braceros bring to any consideration of health or sickness. Much of the nomenclature and conceptualizing which we take for granted is meaningless to the average bracero. It is virtually impossible, therefore, to equate our morbidity findings with those which might be drawn from a survey in the United States.

Among the questions which we asked our sample of braceros was the following: "Can you remember the most recent time you were sick, injured, or just did not feel as well as usual? If so, what was the matter with you at that time?" This question was asked in an "open-ended" manner. Classification and tabulation of the replies yielded the following results:

Table 28

Most Recent Sickness or Injury, Reported by 1,144 Braceros

Type of Sickness or Injury	Number	Per cent
TOTAL	1,144	100.0
Conditions of respiratory system	385	33.7
Conditions of digestive system	101	8.8
"Fever," not otherwise specified	94	8.2
Conditions of musculo-skeletal system	85	7.4
Conditions of eyes, nervous system, and sense organs	54	4.7
Conditions of skin	46	4.0
Traumatic injuries	38	3.3
Venereal disease	32	2.8
Contagious diseases, not elsewhere classified	19	1.7
Other	32	2.8
Don't know	73	6.4
Never sick or injured	185	16.2

Informants who indicated that they had at some time been sick or injured were asked, "What caused it?" Responses may be summarized in the following manner:[1]

Table 29

Causes of Most Recent Sickness or Injury, as Reported by 717 Braceros

Causes	Number	Per cent
TOTAL	717	100.0
Climate, weather	144	20.1
Conditions of work[a]	102	14.2
Food	60	8.4
Accidents, violence	51	7.1
"Germs"	48	6.7
Folk concepts[b]	43	6.0
The contracting process[c]	25	3.5
Contacts with other ill persons	11	1.5
Acts of nature[d]	10	1.4
Other	14	2.0
Don't know	209	29.1

[a]E.g., lifting boxes of tomatoes.

[b]E.g., "heat in stomach."

[c]E.g., "standing in line at Empalme."

[d]E.g., insect bites.

[1]In this series of tables, the numbers of cases, or n's, vary for the reasons discussed in the foreword.

Still another question in this series was, "How long did this illness or injury last?" As may be seen in Table 30, an appreciable proportion of our informants had suffered or were suffering from long-term conditions.

Table 30

Duration of Most Recent Sickness or Injury, as Reported by 746 Braceros

Duration	Number	Per cent
TOTAL	746	100.0
1 day or less	39	5.2
2 days	64	8.6
3 days	103	13.8
4 - 6 days	99	13.3
1 week	132	17.7
8 - 13 days	60	8.0
2 weeks	50	6.7
15 - 29 days	37	5.0
1 month	48	6.4
Over 1 month	90	12.1
Don't remember	24	3.2

Although, as we have said, it is not entirely meaningful to compare these results with the results of surveys among groups drawn from other cultures, such as that of the United States, it would seem obvious that the hypothesis of braceros' "immunity" to acute or chronic conditions cannot be maintained in the face of the evidence.

The foregoing discussion of braceros' morbidity experience, in quantitative terms, may be supplemented by a discussion of the same subject, in more qualitative terms.

2. Occupational Diseases and Injuries

With the exception of the relative handful who are engaged in kitchen employment and other types of work unauthorized by their contracts, all braceros in the United States are engaged in an occupation which is unusually conducive to accidents and sickness.

> Agricultural employment is not generally considered to be hazardous, yet it is a fact that agriculture led all other industries in fatalities and injuries last year.
>
> About 3,500 agricultural workers lost their lives in accidents, topping the second-ranking construction industry by 900. Not only that, but agriculture is the only major

industry in which the total number of accidental injuries and the injury rate are still going up.

These facts are of particular importance to California because of the leading place that agriculture holds in our economy. The cost involved in agricultural accidents are enormous; nearly $27,000,000 is spent each year to meet compensation insurance cost for labor crews in California.

. . . . . .

Since 1953 the accident rate of California agricultural workers has been increasing until it now stands at 51.7 injuries per 1,000 workers. In contrast, the average rate of all California industry, including agriculture, is 34.8.

Average yearly employment in California agriculture exceeds 300,000 people, varying from a minimum of 265,000 to 482,000 in peak periods during the fall season. On the basis that indirect costs associated with accidents bring all costs to three times the figure given for direct cost, it has been estimated that agricultural accidents actually represent a loss of $80,000,000 annually, not to mention the human suffering involved.[1]

California is one of the few states in which data on agricultural injuries are gathered routinely by an agency of government. As Table 31 reveals, the occupational injury rate in agriculture is substantially higher than the industrial average, and exceeded only by the rates in contract construction and mineral extraction. Of even more interest, perhaps, is the fact that while disabling injury rates in many industries have been declining, the rate in agriculture has remained relatively stationary for several years.

During the course of our survey, a number of remarks by our informants suggested that braceros bear at least their share of occupational injuries and illnesses. For example, a bracero from a ranchito in the state of Hidalgo said,

While I was here last September, I got sick as a consequence of my work. I was picking tomatoes near Oxnard. My fingernails became infected as a result of poison that was on the tomato plants. Some of my fingernails fell off. It was very painful to work. I went to the doctor and he gave me some shots. They did no good. Finally, I used a home remedy that we use for infections. It was just salt and water. That way, I got well.

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[1] Los Angeles Times, editorial, November 2, 1958.

Table 31

Disabling Work Injuries, Number and Rate per 1,000 Workers by Industry, California, 1953-1957

Industry	1953		1954		1955		1956		1957	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
All Industries	142,715	36	132,534	34	146,092	35	154,172	35	148,631	32
Agriculture	14,188	48	14,830	48	16,170	50	16,672	52	16,165	50
Construction[a]	22,336	87	20,327	82	23,326	87	24,594	80	22,175	77
Finance, insurance, real estate	1,503	9	1,677	9	1,723	9	1,651	9	1,686	8
Government[b]	9,827	29	10,871	30	12,263	31	14,090	34	15,014	34
Manufacturing	40,108	38	34,783	33	38,704	35	40,260	34	36,934	30
Mineral extraction	3,516	94	2,938	81	3,070	83	2,605	71	2,511	70
Service	12,280	21	12,002	20	12,843	21	13,575	20	13,982	20
Trade	27,253	31	24,643	28	26,689	29	28,148	29	27,838	28
Transportation, communication, and utilities	11,498	41	10,328	37	11,224	39	12,461	38	12,241	36
Not reported	192	NA	118	NA	80	NA	116	NA	85	NA

[a] Contract construction.

[b] State and local.

NA Not available.

SOURCE: State of California, Department of Industrial Relations, Division of Labor Statistics and Research, California Work Injuries, annual summaries. San Francisco, 1954-1957. (Adapted.)

I do not believe that the braceros who have been to the United States return to Mexico in better health. From my own experience, I do not believe this. In Mexico I never get sick.[1]

In a somewhat similar vein, a bracero who was entering the United States from the state of Michoacán told us,

I have talked to many braceros from my village who have worked in the United States. Many of them are in worse health when they return to Chorinzio than they were when they left. The reason for this, I believe, is that they have to breathe in too many chemicals that have been sprayed on the plants where they work.[2]

An Imperial County newspaper carried the following story in late May, 1958:

HOLTVILLE. A contract laborer was snatched from a tractor seat and chopped to death near here Wednesday morning as the propeller of a crop-dusting plane became a fan of death.

As the plane flew low and in the fringe of its own dust, it hit the tractor, dragging the driver out of his seat in a vortex of propeller and leaving him dead in a cantaloupe field as the plane crashed nearby.

The laborer was identified as Vidal López-Silva . . . . The pilot of the plane, Norman Stanley, was bruised and shocked but not seriously injured . . . .[3]

A spokesman for the California Farm Bureau Federation perhaps came close to the basic explanation for such experiences as these when he stated, in a radio broadcast,

Farm machinery, animals, and insecticides represent a distinct hazard to anyone who hasn't had a great deal of training and experience.[4]

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[1]Interview, April 15, 1958.

[2]Interview, April 11, 1958.

[3]Imperial Valley Press, May 28, 1958.

[4]Al Tiffany, "California Farm Reporter," NBC network, January 21, 1959. For further discussion of the dangers of improper handling of newly-developed insecticides, see John Wilson, "Hazards from Agricultural Chemicals," Paper presented at Northern California Public Health Association Meeting, Pleasanton, California, May 14, 1958.

(Adapted.)

Braceros have usually had no experience in Mexico with the types of agricultural operations they are called on to perform in the U.S., and they usually receive no systematic form of training in these operations even after they arrive in the U.S. It is understandable, then, that a report by the California Department of Public Health, in press as these lines are written, indicated braceros' rates of occupational illnesses and accidents are significantly higher than those of domestic agricultural workers.

This alone would seem a fairly persuasive argument for the prohibition of the use of braceros on particularly hazardous jobs, such as the operation of complex agricultural equipment. Such prohibition is already in effect in California, theoretically, since the State Department of Employment has ruled there are ample domestic workers to fill these skilled jobs. As in the case of the bracero decapitated near Holtville, however, the ruling is sometimes ignored.

Accidents occurring in the daily ride to and from the fields may also be considered occupational hazards to which braceros are often exposed. We noted in an earlier section that a judge in San Joaquin County has formally opined that this transportation is a part of braceros' employment. We noted, furthermore, that such accidents are quite common.

Other braceros become ill or injured from more routine conditions of their work. For example, those who are not accustomed to cotton picking often develop infections of their fingernail beds from this particular task. Some braceros find the oils in citrus fruits irritating to their skin. One of our informants reported that cutting parsley in Los Angeles County had given him a chronic skin rash. When he was asked if he had considered wearing gloves, he replied "They would slow me down too much. I would lose the 'touch.'"[1]

Many braceros find the peat dirt of San Joaquin County's delta islands highly irritating to their skin. As they put it, "La tierra pica (the soil bites)."[2] This is an interesting point, since one of the principal justifications for employing braceros in asparagus cutting and other operations in the San Joaquin delta is that their skins are alleged to be unaffected by the high organic content of the peat dirt. A Farm Placement Representative in the area said,

> You and I wouldn't last a day out there in the islands. The peat dirt would drive us crazy. There are only certain groups who aren't affected by it. Filipinos can work out there, and it never affects them. Mexican Nationals, the same. But with light skins, it's murder. Negroes can't take it, either.[3]

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[1] Interview, August 28, 1957.

[2] Interviews, January 2, 1957; May 12, 1958.

[3] Interview, January 2, 1957.

Similarly, it is interesting to note the frequency with which braceros complain of musculo-skeletal distress, particularly in the low back, as a consequence of prolonged hours of repetitive motions and postures for which the human anatomy is poorly adapted. In our survey of 2,924 claims for doctor's services rendered to braceros, for example, 325 claims, or 11.1%, were for conditions of the musculo-skeletal system. This is quite at variance with the widespread assumption among growers and grower representatives that Mexicans are peculiarly well adapted to "stoop labor." A Farm Placement Representative in a San Francisco Bay Area county said,

> When I first went onto the job, I thought the line put out by the growers was [exaggerated]. But after I'd been on the job a while, and had been out in the fields, and watched things with my own eyes, I had to change some of my ideas. I've seen the Mexican Nationals work stooping over for hours at a stretch, without straightening up. An Anglo simply couldn't take it. But it didn't seem to bother these boys a bit. Don't ask me what it is. Maybe it's because the Mexicans are generally a good deal shorter than the Anglos--they're "built closer to the ground." That's particularly true of the Indian types, that come from quite a ways below the border.[1]

Still another occupational hazard of braceros is the heat, particularly in the desert counties of Southern California, which leads to sunstroke or heat prostration fairly often. The former medical director of the company which underwrites most bracero health insurance in California said,

> We used to get ten to fifteen deaths every year from this cause alone. Finally, I sent out a memo to the managers of the associations in those border areas, and I suggested that salt tablets be distributed with meals, along with an explanation to the braceros of why the salt was important. That seems to have done the trick, because deaths from sunstroke were cut way down after that.[2]

The use of salt tablets is apparently not universal, however--or else it is not sufficient to offset completely the effects of the sun. One of our bracero informants said,

> My friends and I had contracts with the Yuma Producers Cooperative Association. Our contracts have not expired, but we are leaving. Two men in our area died recently from heat exhaustion. Others have become sick. We want to get out of the country while we are still alive.[3]

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[1] Interview, December 18, 1956.

[2] Interview, June 11, 1957.

[3] Interview, September 5, 1958.

This type of evidence runs counter to a third common justification for the use of Mexican Nationals in the Southwest. A U. S. Department of Labor representative expressed this justification in the following way:

> In the late summer, it gets up around 120 degrees in Imperial County. And that's not the worst of it. When you're out in the fields, they're usually irrigated, and very humid. The combination of the heat and the humidity is just about more than a human being can take. Hell, I'm not going to ask an American to go out there and do it. I don't know of anybody except the Nations who can take it.[1]

In summarizing this section, we may say that the nature of braceros' employment is among the factors influencing their sickness experience in the United States. The influence of this factor appears to be in the direction of relatively high morbidity experience.

3. Nonoccupational Considerations

In some respects, the round of life within which the average bracero moves while he is in the United States is probably conducive to good health. Most braceros are given the opportunity for sufficient sleep. Quiet hours in most camps are from roughly 8:30 or 9:00 p.m. to 4:30 or 5:00 a.m. Braceros generally get a sufficiency, or more, of sun and fresh air. The round of life, by comparison with that, let us say, of an American white-collar--or blue-collar worker, is uncomplicated. Working, sleeping, and eating: broadly speaking, these comprise the U.S. sojourn of most braceros.

The healthfulness of this simple life, however, may be overdrawn. Most braceros who come to California are from the Central Plateau States of Mexico. In California, they encounter an unfamilar climate, unfamiliar food, and unfamiliar viruses and bacilli. As a consequence many braceros become ill soon after their arrival in the United States, just as United States travelers abroad often fall ill in the new environment.

A U. S. Department of Labor field representative said,

> Most of the sickness that we get in this area comes from the fact the braceros are not used to our weather. They usually come from either a place that has a very high altitude, and is very dry, or from the coast of Mexico where it is very hot and humid. Here in the central coast area of California it is different. They have a hard time adjusting to it, many of them. You'll see them with colds all the time.[2]

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[1]Interview, May 8, 1957.

[2]Interview, December 18, 1956.

A bracero who had come from Gómez Palacio, Durango, told us,

> When I was waiting at Empalme, about a month ago, waiting to get a contract, I got a bad cold. I got it from the cold weather. The climate at Empalme is different from the climate in the part of Mexico we are from. We are not accustomed to being close to the coast, with fog and dampness. I was able to cure my cold, though, with medicines that I bought at a drug store. It took me two days to cure it.[1]

Feeding practices also constitute a change to which it is difficult for many braceros to adjust. A former compliance officer for the program told us,

> I don't care what you feed them when you get a bunch of new braceros coming in, you're going to have a lot of intestinal upsets. There is no way you can duplicate the food they have been having at home, and you wouldn't want to even if you could--it is so poor. Anything you feed them here is going to be rich by comparison, and their systems can't handle it at first. But after a while, they get used to it, and then they wouldn't have it any other way.[2]

As a matter of fact, some braceros never grow accustomed to the type of food they receive in the United States. As we noted in our chapter on food and feeding practices, American food--at least that style of American food which is served in some bracero camps--is unpalatable in the estimation of many of the men.

To the extent that housing and sanitation in bracero camps are substandard, these factors must also be counted as agencies tending toward higher sickness rates for braceros in the United States. Even the better camps may have this effect, for a reason inherent in the dormitory system. One of our informants who was just completing a contract said,

> One of the things I did not like about the camp where we stayed was that the sick men were not separated from the rest of us. We all had to sleep in the same bunkhouse, no matter whether we were sick or well. I believe that those who are ill should be kept apart for the benefit of all of us.[3]

The manager of a bracero-users' association in Southern California advanced a provocative hypothesis.

> We can count on it that within a week after their arrival, practically all of our new men will come down

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[1]Interview, April 11, 1958.

[2]Interview, April 12, 1957.

[3]Interview, June 18, 1958.

with diarrhea. Seems fair enough. This is what happens to us Americans when we go down to Mexico, isn't it? They have bugs down there that we're not used to; we have bugs up here that the Nationals aren't used to. At least that's my theory . . . . I don't know.[1]

Several forms of evidence might be advanced, bearing on the hypothesis that braceros frequently lack acquired immunities which are commonplace in the United States. For example, the health officer of Baja California stated, in 1956,

> Mexico has seen increases in the rates of poliomyelitis and epidemic meningitis since the beginning of the mass mobilization of the migrant Mexican workers.[2]

We might also note the fact that outbreaks of childhood diseases arise in bracero camps from time to time, indicating that many braceros, coming from isolated villages and ranches in Mexico, have not had prior contact with certain of our common microorganisms. In June, 1955, for example, the Mexican Consul in San Bernardino complained that mumps were epidemic in a bracero camp near Redlands, and that the men were not receiving proper medical care. A physician investigating for the insurance company reported,

> The sickness was entirely that of mumps and complications, 9 cases of active mumps, 2 of which have already been hospitalized in the contagion ward at Riverside County Hospital, and 7 remain in the camp quarter.
>
> . . . . . .
>
> The surroundings were in considerable disarray and did not present a good appearance, and also the men with their large swellings of the neck presented the appearance of being more sick than they actually were . . . .
>
> In essence then actually it was more the appearance of the camp that was demoralizing, not only to Consul ____, but also to the men who came in to see the patients, and also, to the men who were ill, rather than their actual suffering . . . .
>
> We have had (mumps) in all the camps, for instance the _____ camp where we now have two cases that are just subsiding . . . and we have of course reports of mumps in other camps throughout the state. . .[3]

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[1]Interview, April 25, 1957.

[2]Ocampo Alonzo, op. cit.

[3]Letter, June 28, 1955.

In summary, the nonoccupational conditions which braceros encounter in the United States are often conducive to relatively high morbidity rates, as are occupational conditions.

4. Precontracting Conditions

Braceros must often undergo a waiting period of a month or more at the Mexican migratory stations before they receive their contracts. As noted in Chapter II the conditions under which most prospective braceros live during this waiting period are wretched.

For our present purposes, the important point is that such precontracting experiences tend to result in loss of weight and lowering of normal resistance to disease. The manager of a Southern California bracero camp said,

> When the men arrive here they are just skin and bones. We don't push them too hard for the first few days, because we have found from experience that it takes at least that long for them to get back on their feet. We are very much intrigued by this business of the weight of the braceros. We have a strong hunch that most men return to Mexico weighing 10 or 15 pounds more than they did when they arrived. Up to now, we have had no way to check this, because there is no provision for weighing the men in the physical they get at El Centro. What we would have to do would be to get some scales here in the camp and weigh a group when they first arrived. Then we would have to weigh them just as they were being shipped back. It would be a very interesting study, and it would take quite a little work. But it would be worth it, I believe. It might give some people something to think about--the people who are always criticizing this program.[1]

Quite aside from the problem of laying themselves open to illness through the general debilitation of the contracting process, braceros often carry with them into the United States diseases in a prodromal state, which assume an acute form after their entry. One of our bracero informants, for example, said,

> Everybody in my village (Teloloapan, Guerrero) has had typhoid fever. Many people died.[2]

Yet, braceros receive no screening for typhoid and no preventive measures against it. As a result, occasional outbreaks of the disease occur in bracero camps in the United States. For example:

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[1] Interview, August 10, 1957.

[2] Interview, August 25, 1958.

Typhoid Outbreak at Bracero Camp Imported,
Health Officials Report

A typhoid outbreak at an Arlington Valley farm labor camp was attributed by health authorities yesterday to an imported infection, probably originating in Mexico. The camp is inhabited by some 100 Mexican braceros (imported farm workers).

After inspecting the premises, Dr. Lucy Sikorsky, director of the Maricopa County Health Unit, said it has been "definitely established that some among the group of farm workers brought the infection to the camp with them."

. . . . . .

Dr. Sikorsky said, "We found certain conditions (at the camp) that should be corrected." . . .

The chief deficiencies noted seemed to be . . . improper garbage disposal facilities and lack of toilet sanitation . . . .

The camp is situated on privately owned land. Dr. Sikorsky said health authorities have not yet been able to contact the owner of the ranch to call his attention to conditions that need correcting.

Ten inhabitants of the camp are in the county hospital here, apparently suffering from typhoid.[1]

The California State Department of Public Health reports that 87 cases of typhoid fever in this state in the years 1953-1957 came from Mexico.[2]

A hospital worker in the Imperial Valley reported, in the latter part of 1958,

Just a few months ago, we had an outbreak of typhoid fever here in the Valley. We had about six braceros with typhoid in our hospital alone. There may have been others in the County Hospital and the other hospitals in the Valley. I don't know whether all the cases came from the same camp or not. This was about six months ago.[3]

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[1] Arizona Republic, December 1, 1955.

[2] State of California, Department of Public Health, Bureau of Acute Communicable Diseases, "Epidemiological Notes, No. 8", February 28, 1958.

[3] Interview, November 16, 1958.

Malaria is another disease, common in many parts of Mexico, which braceros may easily bring with them to this country in a subacute stage. In 1957, for example, six cases of malaria among braceros came to the attention of the California Department of Public Health.[1] Since malaria investigations are not conducted routinely in this state, we have no way of knowing how many cases escape the attention of the authorities.

In August, 1957, four cases of malaria in American citizens were reported almost simultaneously from the Hagerman Ranch in Sutter County. Although the source was never definitely established, the epidemiologist's report noted that there was a Mexican National camp less than half a mile from the Hagerman Ranch, and a number of Anopheles freeborni mosquitoes were found breeding in nearby irrigation ditches.[2]

Tuberculosis is one of the important communicable diseases braceros may bring with them in an arrested form which can become activated after they have arrived at their place of employment in the United States. A doctor of medicine who cared for the braceros in two Southern California camps said,

> Tuberculosis may flare up if a person with the disease does not eat properly, sleep properly, or if he works too hard. Almost all of these conditions exist for the braceros.[3]

Still other bracero health problems may be mentioned in passing. A "probable case of typhus" has been found in a bracero in California,[4] and a number of cases of amoebic dysentery.[5]

One physician told us,

> Three or four years ago, when I was first connected with the Mexican National program, I recall having a National come to me with what looked like a dermatosis. I tried all the usual courses of therapy, and none of them had any effect. Finally, just when I was about to give up on the case, it dawned on me what it was. Leprosy. I had never seen a case before, even in medical school. Sure enough, my diagnosis was confirmed by specialists. We invited doctors from all around to come in to see this case. It is that rare. But since then I have seen several other braceros with leprosy. It is apparently pretty common in

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[1] Letter, May 22, 1958.

[2] Arthur C. Hollister, Jr., M.D., memorandum, September 24, 1957.

[3] Quoted in Martinez, op. cit., p. 72.

[4] Report of the California-Baja California Bi-State Meeting, United States-Mexico Border Public Health Association, Calexico-Mexicali, October 14, 1955. (Mimeographed.)

[5] Interview, July 24, 1957; letter from Francisco Bravo, M.D., February 25, 1955.

the jungle areas of Mexico, down near Guatamala. I tell you, it wouldn't be a bad idea for doctors going into some of the specializations--like tropical medicine--to serve their residencies in the bracero program. You see a little bit of everything.[1]

Occasionally, protests are raised against the potential threats to U. S. health standards posed by the bracero system. For the most part, these protests are based on what might happen rather than on what has happened. To date, the infectious diseases which braceros bring with them into the United States have tended to make inroads upon the health of the braceros themselves far more than they make upon the domestic population.

The chief of the Bureau of Communicable Diseases of the California Department of Public Health has written,

> There is no doubt that Mexico is an important source of infection for the Mexican laborers we import. However, at this time, in spite of the potential for spread of these infections in the California populations, our records do not indicate such occurrence is taking place.[2]

The Director of Sanitation for Monterey County, the "salad bowl of the world," similarly, has written,

> To date there has been no evidence of . . . enteric illnesses . . . determined to result from the harvesting or handling of vegetable crops by Mexican Nationals.
>
> However, considerable concern has been expressed regarding the lack of sanitation facilities available to the worker and as a result, the State Department of Public Health in cooperation with the State Department of Agriculture have been carrying out an educational program in hopes of improving field harvesting conditions.[3]

A spokesman for the Department of Public Health in Arizona has been quoted as saying, "we are surprised we haven't had more (typhoid) than we have . . . (from) the braceros."[4]

In other words, braceros have long been and continue to be a reservoir of potential infection for the United States, but to date this reservoir has not overflowed. Since the program contains no provisions for safeguarding the populations of the communities near which braceros work, we

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[1]Interview, June 11, 1957. See also G. W. McCoy, "Leprosy in California: Danger of Infection," Public Health Reports, 63:705-712 (1948); and H. H. Gray, "Hansen's Disease (Leprosy) in California," California's Health, 11:73-76 (1953).

[2]Letter, May 22, 1958.

[3]Letter, June 6, 1958.

[4]Arizona Republic, November 30, 1955.

must surmise that the "protections" at work consist largely of the fact that braceros tend to be isolated from Americans not only sociologically and geographically but clinically. In the meantime, however, those who move within the reservoir itself are often infected and re-infected, and this is another reason to believe that braceros' needs for medical care, far from being abnormally low, are perhaps higher than might be expected in an average resident population.

5. Functional Illness, "Mystery Deaths," and An Hypothesis

Some persons associated with the bracero program believe that braceros are inclined toward "goldbricking." The bracero who related the following series of experiences, for example, had been told by both a medical doctor and a compliance officer, in so many words, that he was a malingerer.

> From December to March, I was contracted to Imperial Valley Farmers Association. I worked at El Centro and Borrego Springs. I did not even get work half of the time. My checks were around $6.00 a week. In March, I was recontracted to the Blythe Growers Association. I was at _____ _____ in Blythe. The food was terrible. They always left soap on the dishes when they washed them. Many of the braceros quit in disgust and went back to Mexico. Many of the braceros went to the doctor every day. All he ever did was give them pills.
>
> I got sick, too. I think it was the food that made me sick. I went to the doctor. He said I was lying--that I was not really sick. The receptionist was very mean, also. The doctor got very angry, and refused to give me any treatment. I said that I was going to talk to the Mexican Consul. The doctor and the receptionist said that I should not see him. Finally, the doctor gave me a shot, but he still said there was nothing wrong with me.
>
> I told the Consul about the camp, and he went out and inspected the camp. After he was there, several things were better. The trucks were not so crowded; the dishes were washed better; the food was a little better.
>
> About 20 days after I got to Blythe, my legs, hands, arms, and face got swollen. They felt as though pins were sticking in them. But I was afraid to go back to the doctor. He was mean and rough to all the men. Many of the men were afraid of him, and would not go to him for this reason.
>
> When I worked, my whole body would get swollen and sore. I did not even work three days out of a week. I only made enough to pay my board. Some weeks I did not even make that much. I finally decided to go back home.

Now my legs hurt. I would like to get medical treatment, but they tell me I cannot get it here [i.e., in the reception center]. I do not want to be sent back like this. I will be useless in Mexico now. I will not be able to help my parents on the farm. I have not told my parents that I am sick because I am so ashamed. How can I return home when I have no money at all, and I am sick besides? Don't I have any rights?

I went to the representative of the U. S. government and he was very cruel to me. Now I want to see the Mexican Consul. I will see if I have any rights.[1]

It is difficult to believe, however, that cases such as this represent true malingering. Braceros have little or nothing to gain from feigning illness, and they stand to lose the only thing which brings them to the United States in the first place: their earnings. No bracero is paid during the time he is on sick call.

It seems much more likely that what strikes some observers as "goldbricking" is in fact functional or psychosomatic illness--i.e., illness which has no organic basis but which is no less real.

A physician associated with the bracero program said,

I am a psychiatrist who is doing general practice because I am convinced there is a great need for psychiatry in general practice. That is how I got to be associated with the bracero program. I have been able to get some very good records. . . .

Now, just consider what we have here. These men are separated from their families, probably for the first time in their lives. They are away from their villages--their birthplaces--many of them for the first time. They are in a strange country, with a strange language. Everything is strange. What do you think is doing to be the result of all this? Do you think this is going to have anything to do with health? Figure it out for yourself.

I estimate that 75% of all the men who come in to see me do so for reasons that have nothing to do with actual disease. They say, "I can't sleep at night," or "I have a headache," or "My food doesn't agree with me." All psychological problems. . . .[2]

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[1]Interview, May 13, 1958.

[2]Interview, August 11, 1957.

This physician was correct when he surmised that many braceros are away from home for the first time. Among the questions which we asked a sample of over 1,000 braceros was, "Have you lived in any other towns in Mexico? If so, how long?" Findings were as follows:

Table 32

Geographic Mobility of Braceros in Mexico

Residences other than present; length of time	Number	Per cent
TOTAL	1,075	100.0
No other residences	787	73.2
One other residence; less than half of life	196	18.2
One other residence; half of life or more	79	7.3
Two or more other residences; less than half of life	8	0.7
Two or more other residences; half of life or more	5	0.5

Let us consider for a moment some of the implications of these data, with specific reference to the problem of functional illness in the bracero population.

Unlike most residents of the United States and other "urban societies," braceros tend to have a background comprised largely if not entirely of primary-group relationships. Most braceros, prior to their entry into the process which leads to a contract in the United States, have been neither geographically nor socially mobile. Their world has been tightly circumscribed and highly predictable. In terms of Redfield's folk-urban typology,[1] they would for the most part, be drawn from sociocultural settings toward the "folk" end of the continuum.[2]

Braceros, prior to their being contracted, have usually had little experience which equips them to cope with life in the United States. Braceros, by and large, are ill-equipped to deal with any situations beyond the round of the familiar. Cultural adaptability is made, not

[1]See Robert Redfield, The Folk Culture of Yucatan; Chicago: Chicago University Press, 1941.

[2]The ethnic groups in Mexico which fall nearest the ideal type of the "folk culture," however, do not usually participate in the bracero program at all. In the course of the present investigation, we encountered but one bracero who spoke no Spanish, but only an Indian dialect.

inborn. Mexican peasants have simply not had the cosmopolitan experiences which enable many technical experts to carry out overseas assignments without conspicuous dislocation.

Braceros are "tradition-directed," to use Reisman's[1] concept. This is their principal shield against the cultural shocks they inevitably encounter in the course of their participation in the contract labor system. To the extent that the culture of rural Jalisco or Zacatecas is transplantable to a bracero camp in California or Arkansas, a bracero may be none the worse for his cultural inflexibility. But to the extent that such transplantation is not successful, the bracero's shield of "tradition-directedness" may prove his undoing.

For the purposes of this anlaysis, it is essential to understand that when braceros come to this country, they are in the United States but never of the United States. The bracero program is unusual--perhaps unique--among large-scale population movements, in that it does not involve the process anthropologists call acculturation. If the individual bracero finds that he cannot carry his folk culture with him, intact, he has little opportunity to substitute new culture traits in the place of the old. It might be said the process in which he is involved more nearly resembles deculturation than anything else.

One should not suppose that this process is invariable, or that its effects assume a common form. A few braceros--particularly those from Mexico City and other urban centers--may be as sophisticated as the average American tourist. A few braceros may be able to transplant their primary-group attachments, almost literally, by going through the entire contracting and employment cycle with close friends or relatives. And, even among the most "tradition-directed" braceros, who depart alone from their villages in the Mexican hills, there are, of course, wide individual differences. Many of these men endure the deculturation process stoically. We would be rash to say they are unaffected by it, but we do not at present have tools for measuring these "silent effects," if effects there be.

Among the remainder of the bracero group, deculturation tends to produce a combination of several overt results. Some braceros seek to escape from their alienation through drinking. Some overcompensate for loneliness through bragadoccio, hilarity, or bullying. And it appears that a common outlet is neurasthenia, assuming such forms as insomnia, headache, loss of appetite, back pain, irregular heart action, vertigo, and dyspepsia.

Occasionally, a bracero suffers a complete nervous or mental collapse while in the United States.[2] For example, a Department of Labor compliance officer said,

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[1]See David Riesman, The Lonely Crowd; New York: Harper, 1950.

[2]In our study of 2,924 physicians' claims, we found 73 diagnoses of "asthenic reaction," or "other psychoneurotic disorders." The great bulk of mental and emotional disturbance among braceros, as among any population of which we have knowledge, doubtless never reaches medical attention.

Mental cases are one of the health problems that have given us the most trouble. We have had a number of mental cases, several just recently. Some of them have become quite violent. They are okay when they come into the country, but something happens while they are in here.

When we get cases like this, we take them to the County Hospital, which has a padded cell. Only one padded cell, by the way. I don't know what we'd do if we got two of these cases at the same time. They have a rule there that says you can't hold a man in the padded cell for more than three days. So, all we can do is hope that he quiets down in that time, and then ship him back. Otherwise, we have to ship him back in a strait-jacket.[1]

An employee at the El Centro Reception Center said,

Today, two young boys, about 19 or 20 years old, were returned from _____ _____ Association--completely crazy; out of their minds. It was the sorriest thing I have ever seen. They were just babbling idiots. The doctor said their minds had snapped under the strain of hard work. They had been picking tomatoes. The doctor signed a release for them to be sent back to Mexico.

What made me saddest was that everbody at the Center thought this was very funny and amusing. They were all crowding into the Medical Office to make fun or just stare at these poor guys. Some of them were asking silly questions, such as "Let's hear you talk some English," and "Get up and hit each other."[2]

So far as the writer is aware, no one has studied these cases of sudden mental collapse among braceros, or attempted to account for them. We may hypothesize that these are usually cases in which individuals are, for one reason or another, less well equipped than most to cope with the shock of deculturation.

It would seem not unreasonable to carry this hypothesis one step further. If "culture shock" can find expression in functional illness, and if it can find expression in behavioral, emotional, and mental disarrangements, one may wonder if, in extreme cases, it might result in death itself--or the loss of the will to live, which may be another way of saying the same thing.

For some years, California newspapers have carried, from time to time, small items such as the following:

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[1]Interview, May 8, 1957.

[2]Interview, September 4, 1958.

National, 28, Dies Suddenly

MONTCLAIR. A Mexican National was found dead in his bed this morning at 5 and an autopsy was ordered to determine the cause.

He was Isaias M. Lara, 28. He lived at the San Antonio Labor Camp, Mission Blvd. and Monte Vista Ave.

Other nationals told Deputy Coroner Harold Georgenton that they heard Lara moving around the room at about 3. They discovered his body when they got up at 5.

The body was taken to Draper's Mortuary, Ontario. Officials are trying to contact Lara's relatives in Tlaxyanco, Mexico.[1]

* * * *

THIRD FARM LABOR DEATH REPORTED

VENTURA, March 26, 1956. The Ventura County Coroner's office is investigating a series of mysterious deaths of Mexican national farm laborers in the county, which have occurred in recent months.

Escato Nambo, 26, a ranch worker for the Limoniera company in Saticoy, died Sunday without assignable cause, according to Coroner Virgil L. Payton.

Last August, Hermelindo Cruz-Ramos died at the Somia Labor Camp and Manuel H. Escamillo died Nov. 2 at the Saticoy Labor Camp, Payton said.

He said all three victims were young and died in their sleep without explainable cause. The death last August of Claude P. Martin was also unexplained, Payton said.[2]

When the number of such cases had mounted to more than twenty, the California State Department of Public Health assigned a physician from the Bureau of Adult Health to investigate.

Several of the series of sudden deaths proved, upon investigation, to be explainable. For example, two were found to be attributable to organic phosphate poisoning.[3] Another case, thought at first to be an "unexplained bracero death," upon investigation seems to have been a case in which a bracero starved himself to death in an attempt to save money on his board. Extracts from the Deputy Coroner's report are included as Case 3 in Appendix D.

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[1] Progress-Bulletin, August 21, 1958.

[2] Los Angeles Times, March 26, 1956.

[3] See Case 1 and Case 2 in Appendix D.

A number of other bracero deaths, however, could not be explained, even after autopsy. Excerpts from the official reports on several of these deaths are included in Appendix D. The physician assigned to this investigation by the State Department of Public Health was able to dispose of most of the hypotheses which were advanced, but was not able to account for the series of deaths by an acceptable alternative hypothesis. This physician's field reports included such notes as the following:

> Mr. Tolbert (manager, Ventura County Citrus Growers' Committee) . . . had followed the work histories of the deceased braceros regarding insecticides and had found no trace of exposure to them. He has looked into the witchcraft situation in the camps under his control and found no evidence of said practices.
>
> There was a death very recently which was thought to be one in the unexplained series until it was found that the deceased drank rubbing aocohol, which is quite potable in Mexico. . . .
>
> Mr. Tolbert offered his services in any future investigations. He . . . has employees who have good rapport with the braceros. He is anxious that any future investigations be carried out as "quietly" as possible.[1]

Upon the completion of the investigation, a newspaper carried the following summary:

> Dr. Irma West, a medical officer in the Bureau of Adult Health in Berkeley, has been patiently investigating, but so far, she admits ruefully, she has not been able to find a single clue. . . .
>
> Because of the mystery involved, there has been talk in some newspapers about "voodoo" and "witchcraft"--a theory that Scientist West holds little truck with.
>
> It is true, Dr. West admitted cautiously, that deaths by witchcraft among primitive peoples have been reported in medical literature.
>
> "But," she said, half seriously, "in every case the victim knew he was to die and death was a slow process; the symptoms, then are different."
>
> In her search for clues, Dr. West has unsuccessfully investigated rare herbs, narcotics and even insecticides.
>
> The main connection among the deaths here, of course, is that all the victims were Mexican nationals imported to work in the fields--men who presumably knew little about their new environment and who had a low standard of living.

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[1] Field report, July 15, 1957.

It might be possible, Dr. West suggested, that they ate or drank some substance that Americans would either not bother to prepare (such as a wild plant as a vegetable) or would know not to consume (such as rubbing alcohol).

Unfortunately for this theory, Dr. West admitted unhappily, the toxic substance would be expected to produce discernible symptoms before proving fatal.

"What we really need," said Dr. West, "is a more complete understanding of the cultural patterns of the victims. Without this, there is a good chance we are missing the obvious."[1]

The Public Health Department's investigation was abandoned before an "understanding of the cultural patterns of the victims" had been reached. We are therefore lacking the conclusive light which such a study might have cast upon our hypothesis of deculturation and cultural shock. If such an hypothesis could be verified, practical applications might well follow. It is not inconceivable that "mystery deaths" could be prevented through a screening process which denied contracts to individuals with those syndromes of characteristics most highly associated with breakdown in the face of the deculturation process.

6. General Mortality

Table 33 classifies all bracero deaths in 1956, by cause, and by State in which worker was contracted at time death occurred or condition leading to death was sustained (in a few cases, workers died after returning to Mexico).

It will be noted that deaths from violence accounted for 105 of the total of 162: nearly two-thirds. It will also be noted that California accounted for 80, or nearly half of all bracero deaths in the country that year, even though California contracted fewer than one third of the country's braceros. Texas, on the other hand, which uses nearly half the nation's annual total of bracero labor, accounted for only about one-fourth of all bracero deaths. Further research would be required to explain these statistical peculiarities.

More detailed information is available on causes of death among braceros in California who were insured by Continental Casualty Company's life insurance division. Of California's 80 bracero deaths in 1956, 74 were covered by the Continental Assurance Company. Causes of death, as reported by the company, were as follows:

Date of Death	Cause of Death
January 2	Automobile accident
13	Pedestrian walked into automobile
February 5	Fell from train

Continued nest page

[1] San Francisco Chronicle, August 11, 1957.

Continued

Date of Death		Cause of Death
February	14	Automobile-truck accident
	15	Cerebral hemorrhage
	18	Accidental gunshot wound (died in Mexico)
	21	Throat slashed (homicide)
	21	Coronary thrombosis
March	4	Stab wound (homicide)
	16	Pulmonary edema
	18	Cancer of lung (died in Mexico)
	21	Brain tumor
	21	Coronary thrombosis
	25	Barracks fire
	25	Heart (sic)
	30	Fractured skull (homicide)
April	12	Cardiac failure
	13	Drowning
	15	Pedestrian struck by automobile
	17	Cause of death unknown
	19	Drowning
	20	Pedestrian walked into automobile
	21	Pancreatitis
May	2	Hepatitis (died in Mexico)
	5	Myocarditis
	11	Myocarditis
	24	Fell off and run over by tomato planting machine
	24	Hyperthyroidism
June	11	Congestive heart disease
	14	Cerebral hemorrhage
	14	Myocardial infarction
	16	Cause of death unknown
	17	Bronchopneumonia
	18	Drowning
	22	Uremia
July	1	Fractured skull (died in Mexico)
	1	Struck by automobile
	7	Automobile accident
	10	Automobile accident
	11	Heat stroke
	15	Leukemia
	20	Subphrenic abscess
	21	Bulbar poliomyelitis
	21	Pedestrian struck by automobile
	21	Heat stroke
	23	Truck-automobile accident
	23	Truck-automobile accident
August	3	Pedestrian struck by automobile
	4	Automobile accident
	5	Burns from trailer fire
	5	Pedestrian struck by automobile
	24	Pedestrian struck by train
	25	Pedestrian struck by truck
	31	Coronary thrombosis
September	3	Fell from truck

Continued next page

Continued

Date of Death		Cause of Death
September	8	Gastro-intestinal hemorrhage; ulcer; cirrhosis of liver
	15	Bronchopneumonia
	16	Pedestrian struck by automobile
	30	Myocardial infarction
October	1	Surgical shock (died in Mexico)
	5	Uremia (died in Mexico)
	8	Drowned
	10	Truck-automobile accident
	14	Fell from truck
	15	Medullary failure; uremia
	20	Automobile accident
	21	Pedestrian struck by automobile
November	10	Epilepsy
	12	Chronic alcoholism (died in Mexico)
	18	Cause not known
	23	Automobile accident
	23	Automobile accident
	23	Automobile accident
	23	Automobile accident

Implicit in these terse data is the need for safety education, not only among braceros themselves, but among camp managers, truck drivers, and others associated with the program.

7. Summary

Even if braceros' precontract screening were to produce, momentarily, a group relatively free from morbid conditions, the nature of the system within which braceros move while they are under contract is evidently such that it produces marked need for medical and health services. It is difficult to assess braceros' morbidity and mortality in comparison to that of American males of the same age--and it is not really necessary that we do so. It is sufficient to note that braceros display a wide spectrum of health needs. A health program for braceros should be so designed that it meets effectively these varied needs. In the remainder of this chapter, we shall examine the available evidence which illuminates the question of how effectively the present bracero health program is meeting the array of needs we have briefly reviewed.

Table 33

Deaths Among Mexican Nationals, by Cause and State, 1956

Cause	U.S. Total	Arizona	Arkansas	California	Michigan	New Mexico	Texas	Colorado
TOTAL, ALL CAUSES	162	17	12	80	5	5	42	1
Infective and Parasitic Diseases	5						5	
Neoplasms	1			1				
Allergic, Endocrine, Metabolic, and Nutritional Diseases	1			1				
Diseases of the Blood and Blood-forming organs	2			1	1			
Mental, Psychoneurotic, and Personality Disorders	2	1	1					
Diseases of the Nervous System and Sense Organs	1			1				
Diseases of the Circulatory System	22	1	1	13	2		4	1
Diseases of the Respiratory System	8	1	1	5	1			
Diseases of the Digestive System	6	1	1	2			2	
Diseases of the Genito-Urinary System	4		1	3				
Ill-defined Conditions	5		1	3			1	
Accidents, Poisonings and Violence								
Railway accidents	5			2	1		2	
Motor vehicle[a]								
Pedestrian	6		1	2			3	
Passenger	45	3	2	27		5	8	
Poisoning	3	1					2	
Falls	6	1	1	4				
Homicide								
Firearms	5	2	2				1	
Cutting instruments	5			3			2	
Other	3						3	
Violent Deaths, not classified by External Causes								
Fractures	7	1		5			1	
Internal injury	5	2		2			1	
Insolation	5	3		1			1	
Drowning	9			4			5	
Electrocution	1						1	

[a]Includes traffic and non-traffic accidents.

SOURCE: U. S. Department of Labor, Bureau of Employment Security, Farm Placement Service, Foreign Labor Division, unpublished data.

H. Familiarity with Provisions for Health

One of the basic factors which cannot fail to influence braceros' utilization of their health program is the extent of their familiarity or unfamiliarity with the services which are theoretically available to them.

It is appropriate to inquire, at the outset, whether the very concept of health insurance has any referents in the experience of the average bracero. In the course of our study, we found a few braceros who were familiar with the health insurance principle through its application in Mexico. An informant from Michoacán, for example, stated,

> In the area where I live, all the people have a hospital which we support by yearly contributions of either money or corn. Everybody in our families can get medical care there.[1]

Another bracero, from the state of Sinaloa, said,

> At home in El Dorado, all the people in town and the ranchos nearby have to pay 250 pesos each year to a doctor who is head of a group of doctors who take care of the people. Nothing extra is charged no matter how many times we go. The medicines are free, too. It is all included in the annual fee.[2]

Fergusson writes of an experiment in the Laguna area of Coahuila and Durango:

> The medical service in the Laguna area reaches some 120,000 individuals. Each family pays one hundred pesos annually toward the support of the Hospital Ejidál in Torreón, two regional hospitals, and a clinic of specialists. Fourteen medical units tour the region with one doctor and his aide, one midwife, one nurse, and one druggist.[3]

It appears, however, that such developments are infrequent in rural Mexico. It is likely that the very term "health insurance," not to mention its meaning, is new to most braceros when they first come to the United States. The question, then, is to what extent do braceros become familiarized with the provisions of their health program during the time they are in this country.

Our investigations indicated that the only "orientation" which braceros routinely receive concerning their health plan is an announcement at the El Centro Reception Center that deductions are to be made from their wages for insurance. Most of the braceros we interviewed were later unable to recall the announcement had been made at all. Interviews with administrators at the reception center revealed that braceros have never been

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[1] Interview, July 31, 1958.

[2] Interview, August 20, 1958.

[3] Erna Fergusson, Mexico Revisited, New York: Knopf, 1955, p. 70.

known to raise questions about their insurance at this point. This is probably due, in part, to the rapid pace at which the processing is geared, and, in part, to the fact that braceros do not know the questions which might be asked, assuming they had an opportunity to ask them. Concepts such as freedom of choice of physician, and scope of benefits, are quite beyond the average bracero's universe of thought and discourse.

With few exceptions, no additional orientation is provided braceros after they reach their place of employment. Braceros are never given a copy of the insurance policy. Even if they were, it would do them little good, as the policy is in English only--and highly technical English at that.

What is more, the author has never met a member of the lower supervisorial echelons of the bracero program--the echelons which for all practical purposes run the program on a day-to-day basis--who had a copy of the policy or was thoroughly acquainted with its contents.

Braceros are thrown almost wholly upon their own initiative and resources if they are to learn of the health insurance benefits for which they are required to pay and to which they are theoretically entitled. In the course of our survey, we asked a number of informants who had been in the United States under contract on one or more occasions, if anyone had ever explained their health insurance to them. Results were as follows:

Table 34

Replies of 822 Braceros to the Question,
"Has Anyone Ever Explained Your Bracero Health Insurance to You?
If so, Who Was It?"

Replies	Number	Per cent
TOTAL	822	100.0
No one	543	66.0
U. S. Department of Labor representative	119	14.4
Employer representative	69	8.3
Mexican Consular representative	34	4.1
Braceros	26	3.1
Other	8	0.9
Don't remember	23	2.7

These figures are misleading in that the "explanations" by U. S. Department of Labor representatives consisted merely of an announcement of premium schedules. It is probably accurate to say that four out of five braceros never receive even a perfunctory explanation of their health insurance arrangements through official channels. One of our bracero informants, who had been working for an association in the San Joaquin Valley stated flatly,"

No one ever mentioned health insurance in our presence. The bosses don't want us to know anything.[1]

A bracero who had worked for an employers' association in Tulare County said,

> When I was working near Strathmore, I once asked the mayordomo of the camp to explain the health insurance to me. He refused. He did not give me any reason for refusing.[2]

Another bracero, who had worked in the Imperial Valley and Monterey County, said,

> There may have been a doctor we could go to, but, if so, we never heard anything about it.[3]

One reasonably alert bracero, with a history of contracts with four different growers' associations, was asked how much his deductions for health insurance had been. He exclaimed, "I didn't know they deducted for that!"[4]

Most braceros, however, are well aware that money is taken from their pay for insurance. Four dollars a month is likely to seem a sizeable sum to a man whose total income has been, perhaps, only eight or ten dollars a month in Mexico. A surprising number of braceros, though, were unable to recall how much they were paying for their insurance. We asked over 900 braceros who had already received their contracts, how much their health insurance premiums were going to be or had been. Responses were as follows:

Table 35

Replies of 928 Braceros to the Question, "What are the Deductions for Health Insurance where You are going to Work (or Worked most Recently) in the United States?"

Replies[a]	Number	Per cent
TOTAL	928	100.0
Less than $1 per month	5	0.5
$1.00 - 1.99	9	0.9
$2.00	51	5.5
$2.01 - 2.99 (except 2.70)	16	1.7
$2.70	36	3.8
$3.00 - 3.99	122	13.0
$4.00 (including $1.00/week)	272	29.3
$4.01 - 5.99	20	2.1
$6.00 and over	22	2.3
Don't know	375	40.4

[a]Replies in terms of daily, weekly, or biweekly deductions have been adjusted to monthly equivalents.

[1]Interview, April 25, 1958.

[2]Interview, September 16, 1957.

[3]Interview, September 1, 1958.

[4]Interview, April 21, 1958.

The only "correct" answers for braceros processed at El Centro are: $2.70, which is the amount paid by those who worked for the Imperial Valley Farmers Association; and $4.00, which is the amount deducted in other associations. In other words, 33.2% of our informants were able to state accurately the amount they were paying or had paid for health insurance; the remaining two-thirds were not.

Bracers' unfamiliarity with their health insurance is even more pronounced with respect to specific provisions of their policy.

We asked a large number of informants, who had completed their processing, "As a bracero, are you insured against accidents and illness which occur on the job only, off the job only, or both?" The correct answer is "both," since employers are required by the Standard Work Contract to carry occupational insurance, and braceros themselves are required to pay for nonoccupational insurance. One might expect that many of our informants would have replied "off the job only," since this is the only type of insurance in which they participate financially. However, our findings were as follows:

Table 36

Replies of 817 Braceros to the Question,
"As a Bracero, are You Insured Against Accidents and Illness Which Occur on the Job Only, Off the Job Only, or Both?"

Replies	Number	Per cent
TOTAL	817	100.0
On the job only	165	20.2
Off the job only	3	0.3
Both	262	32.0
Neither	2	0.2
Don't know	384	47.0

Fewer than one-third of our informants were able to answer this basic question correctly. In some cases, we found that braceros had been given grossly inaccurate information on this point. For example, a bracero who had been working in Sacramento County said,

> We are insured only against things that happen to us while we are at work, or in the camp. We were told by the boss that if anything happened to us outside of the camp, our insurance was no good.[1]

Another bracero, who was, incidentally, under the impression his insurance cost only 3 cents a day, stated,

> While I have been working for the Imperial Valley Farmers during the past six months, we were loaned from

[1]Interview, April 14, 1958.

one farmer to another. They told us that while we were working for another patrón who was not our first patrón, we were not insured. This works when one farmer lends his braceros to another farmer, we were told. We wondered if this was right.[1]

Here, again, it appears the braceros had been misinformed.

Another class of misinformation should not, perhaps, be considered misinformation at all. We refer now to instances in which the braceros' health insurance policy contains provisions which are nearly universally ignored. In these cases, an answer which may be technically "incorrect" is operationally "correct." For example, we asked a number of braceros, if they would receive any indemnity in the event they had to miss several weeks of work due to illness or injury. Responses were as follows:

Table 37

Responses of 567 Braceros to the Question, "If You were Sick or Injured During Your Contract and Had to Miss Two or Three Weeks of Work, Would You be Paid Anything for the Time you Lost? If so, How Much?"

Replies	Number	Per cent
TOTAL	567	100.0
Yes, correct amount stated	1	0.2
Yes, incorrect amount stated	11	1.9
Yes, don't know amount	56	9.9
No	110	19.4
Don't know	389	68.6

At the time this study was conducted, the "correct" answer was "Yes, $10 per week after the first week."[2] But, in answering "no," many of our informants were speaking from personal experience, or from the experience

[1]Interview, April 11, 1958.

[2]This is provided in Part IX of the master policy. (The amount has since been raised to $14.) Braceros are entitled to the indemnity provision of California's Workmen's Compensation Law for occupation-connected disabilities. The present discussion, however, is couched in terms of the braceros' nonoccupational health plan, since no bracero was encountered in the course of our investigation who had even the vaguest grasp of the workings of the Workmen's Compensation Act, or Industiral Accident Commission.

of their friends. For example, a bracero who had been to the United States under seven different contracts said,

> During my last contract, I was driving a tractor for the _____ _____ Corporation, near Rio Vista. One day I tore my side while working. I was taken to a doctor in Rio Vista. All he gave me were little white pills that were no good. I went several times and he never cured me. This went on for a month and a half. Meanwhile, I kept on working despite the pain. When I finally could not bear it any longer, I was taken to a hospital in Sacramento. Three days later, I was operated on. Three days after that, I was taken to the County Hospital, where I stayed for about two weeks. When I got out, I went to the camp where I had worked and asked for my wages for four days that I had worked before I got sick. I had $38 coming in wages. The camp superintendent just laughed at me and said that I owed them money for my board while I had been in the hospital. I never got a cent from anybody, not even the insurance company, for the time I was sick.[1]

A bracero who had just completed a full yaar with an association in the Imperial Valley said,

> While I was hoeing sugar beets, my legs became paralyzed. I was in the hospital nine days, and missed nearly two weeks of work altogether. I did not get a cent for this time. In fact, I was still not cured when I got out of the hospital, so I went to Mexico to get cured.[2]

Another bracero said,

> My most recent contract was in Santa Barbara County. While I was there, one of the braceros hurt his leg, and had to have an operation. He has been unable to work for over two months, and he has not been given a single penny.[3]

Still another bracero said,

> During my last contract, I was picking tomatoes for the _____ _____ _____ _____ Association. Another bracero--a friend of mine--was employed in the kitchen. One day he crushed his fingers in one of the machines they had in the kitchen. He lost 15 days of work. He never got any kind of compensation. Even while he was working, all they ever gave him was cigarette money.[4]

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[1]Interview, July 4, 1958.

[2]Interview, May 26, 1958.

[3]Interview, May 28, 1958.

[4]Interview, June 4, 1958.

In a somewhat similar vein, one of our informants was aware that braceros are theoretically indemnified for the loss of limbs and digits, but reported,

> My brother lost a finger while he was working up here as a bracero. He was nailing something in camp. He never got paid a damn cent.[1]

We asked a small sample of braceros, "If you had to have a tooth pulled in the United States, would your insurance pay for it, or would you have to pay for it?" Twenty-eight of fifty-two informants (53.9%) said they would have to pay for it themselves; seventeen (32.7%) said the insurance would pay for it; seven (13.4%) did not know. The policy theoretically provides up to $25 per year per insured worker for the removal of teeth. But several informants "knew" from personal experience that their insurance did not cover dental extractions. For example, a bracero working for a growers' association in Los Angeles County said,

> I have been bothered for some time with pyorrhea. Pus has been coming out of my gums. I asked the mayordomo what I ought to do. He suggested I go to the drug store. I did so. I bought some medicine for $2.00. It has done me no good. So I went to the mayordomo again. He said I should go to a dentist. I went to a dentist in a town near here. All he did for me was to pull a tooth. He didn't do anything for my pyorrhea. I thought I would get some treatment for that, but I didn't. My gums are still bothering me a great deal, and I feel very badly. The extraction cost me $5.00.
>
> One has to pay for extractions by one's self. Another time I had a tooth taken out. I went into Los Angeles to have it done. I paid for it myself, because I know that the insurance doesn't pay for it.[2]

Another of the questions we asked a number of braceros who had completed their processing had to do with freedom of choice of physician. Results may be seen in the following table:

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[1]Interview, May 19, 1958.

[2]Interview, August 14, 1957.

Table 38

Replies of 238 Braceros to the Question,
"Does Your Bracero Health Insurance Allow You to go
to any Doctor You Wish or Only to Certain Doctors?"

Responses	Number	Per cent
TOTAL	238	100.0
Any doctor	29	12.2
Only certain doctors	162	68.0
Don't know	47	19.8

The "correct" answer, according to Part XIV of Continental Casualty Company's Mexican Agricultural Workers Master Policy, is, "any doctor." This provision reads, "The Insured Employees shall have the sole right to select their own physician, surgeon, and hospital and a physician-patient relationship shall be maintained." In terms of the manner in which the program actually functions, however, the "correct" answer is "only certain doctors." In the course of our investigations, we did not find any cases in which true freedom of choice of physician was maintained. In justice, it should be pointed out that the very nature of the bracero system is inimical to such freedom of choice, and to a meaningful physician-patient relationship. Braceros customarily move into a strange area for a period of six weeks. They have no idea of the medical practitioners and facilities which may be available in the area, and no reliable way to find out. As far as the average bracero knows, there is nothing to choose between the association doctor and the other physicians in the area.

As the health insurance program actually operates, a bracero who is seriously dissatisfied with the doctor designated by the association--so dissatisfied that he insists on going to another doctor--must usually pay for his own medical care. Many braceros mentioned this spontaneously in the course of our interviews. For example, a bracero who had just completed a nine months' contract in Ventura County said,

> While I was planting celery in April, I developed a pain in my side and leg. It was quite painful, so I went to the association doctor. He just gave me pills, which did not do me any good. So I went to a doctor on my own. He cured me in three visits. So the next time I was sick--last week--instead of going to the association doctor at first, I went right to the other doctor. He cured me in one visit.[1]

This bracero produced a series of receipted bills, reading as follows:

April 28, 1958: $6.00
April 29, 1958: $4.00
May 7, 1958: $4.00
June 27, 1958: $4.00

[1]Interview, July 4, 1958.

A bracero who was working in a Southern California County said,

> I had a pain in my chest that was so severe I finally went to the doctor. But I did not go to the camp doctor because I did not trust him. I went to a doctor in town. He gave me two injections and charged me $15.[1]

Braceros' belief that their health insurance entitles them to go only to particular doctors is shared by almost everyone else associated with the program. Camp managers, Department of Labor compliance officers, and others with whom we talked were under the misapprehension that the master policy required a closed-panel system.

In a number of other ways, we found that braceros are often unaware of aspects of their health plan which would invest it with meaning for them. For instance, we asked men who had been in the United States under one or more previous contracts whether there had been a particular doctor the men went to and, if so, whether he spoke Spanish. The results were as follows:

Table 39

Replies of 705 Braceros to the Question, "In the Last Camp Where You Stayed, Was There a Doctor the Men Went to When They Were Sick? If so, Did He Speak Spanish?"

Responses	Number	Per cent
TOTAL	705	100.0
Yes, speaks Spanish	159	22.5
Yes, speaks a little Spanish	111	15.7
Yes, does not speak Spanish	95	12.0
Yes, don't know if he speaks Spanish	177	25.1
No doctor	6	0.8
Don't know if there was a doctor	156	22.1

In other words, nearly half our informants were unable to give the most rudimentary sort of information about the physician who served the camp in which they had most recently stayed. An even more striking demonstration of the hiatus between doctors and potential patients within the bracero system may be seen in the answers we obtained when we asked a subsample the name of the doctor who served their camp.

[1] Interview, September 21, 1957.

Table 40

Replies of 233 Braceros to the Question
"In the Last Camp Where You Stayed, What Was the Name of the Doctor Who Usually Took Care of the Men When They Got Sick?"

Responses	Number	Per cent
TOTAL	233	100.0
Doctor's name given	12	5.1
Don't know	221	94.9

We made no effort to check on the accuracy of the responses which were given us by the twelve braceros who thought they remembered the doctor's name. Even assuming all twelve were correct the bracero health program is evidently marked by almost unrelieved anonymity in the doctor-patient relationship.

Upon learning that much of the medical care under the bracero program is provided by nurses, we asked a number of experienced braceros if there was a nurse who helped care for the men and, if so, whether she spoke Spanish. Responses are summarized in Table 41.

Table 41

Replies of 476 Braceros to the Question,
"In the Last Camp Where You Stayed, Was There a Nurse the Men Went to When They Were Sick? If so, Did She Speak Spanish?"

Replies	Number	Per cent
TOTAL	476	100.0
Yes, speaks Spanish	119	25.0
Yes, speaks a little Spanish	24	5.0
Yes, speak no Spanish	34	7.1
Yes, don't know if she speaks Spanish	80	16.8
No nurse	53	11.1
Don't know if there was a nurse	166	34.9

As in the case of the similar question which we asked concerning the camp physician, approximately half of our informants had no meaningful knowledge about the camp nurse.

In summarizing this section, it seems fair to say that for the substantial majority of braceros, their health insurance means little more than a compulsory deduction which they have to pay as a condition of their employment in the United States. Their desire to work in this country is so great that they are willing to accept this condition of their employment even though they do not understand it; even though it often does them no good; and even though many braceros are disappointed when they attempt to avail themselves of services to which they are entitled.

It seems reasonable to conclude that in these considerations we have a substantial part of the explanation we have been seeking for the pattern of bracero medical care utilization.

I. Satisfaction

Braceros' ideas concerning their health insurance apparently derive not from the ways their health program is nominally set up to work, but from the ways their fellow braceros report it works. Although there is some relationship between the two they are not identical. The nature of the group being served, the nature of the group offering the services, and the nature of the program itself, suggest enormous possibilities for misunderstanding in the operation of the "grapevine." Braceros, in the first place, often bring to the healing situation a folk frame of reference. The performance of the medical doctor is likely to be judged in terms of the performances of sovadores, hierberos, and other folk healers whose principal stock in trade is likely to be rapport with the patient rather than scientific knowledge. Even if a bracero has consulted physicians rather than folk healers in Mexico, United States physicians are likely to be judged in terms quite different from those to which they are accustomed. The goal of science is universality, but scientific medicine as practiced in Mexico is still different in some respects from scientific medicine as practiced in the United States.

As we review braceros' complaints about their medical care we should bear in mind that these complaints may or may not be fully justified. The important point, however, is not the degree of objective truth which may reside in a medical grievance. The important point is that the following sorts of things get said by men with experience in the program; these reports are often the only introduction to the health insurance plan which newcomers receive; this initial impression is certain to influence the disposition of newcomers to avail themselves of the medical services for which they are eligible.

The following are representative of braceros' medical grievances as they were very frequently reported in our interviews:

> When I was here on my last contract, I was working for ____ Growers. The farmer I was working for was named . . . . One night I was taking a shower, and slipped and fell and broke my collar bone. I was taken to a doctor . . . .He put a cast on my arm and shoulder. Then I was taken back to camp. It hurt very much and I was practically helpless. During all this time--it lasted two months--I

couldn't take a bath or even feed myself. I had to depend on my friends to bring me my food and feed me. I was very unhappy about the medical care I got, because I think I should have been taken to a hospital where they can feed you and take care of you in the right way. Another think I still feel the effects of the broken bone. I don't think it healed right.

Every two weeks, the insurance company paid $27. [sic] But I never saw any of it. The boss took it for room and board. I don't think this was right, because I didn't even have money to buy soap or cigarettes or anything else.[1]

* * * *

Last week I became ill of my ear. I went to the doctor at the association, and he gave me a shot and some pills. Two days later, I was still not well, so I went back, and got the same treatment again. But I never got well, so I went to Mexicali and a doctor over there cured me. I paid 150 pesos for his treatments.

A friend of mine in camp recently became ill of one ear, in the same way I had been ill. He asked me for advice. I told him not to go near the association doctor. He is now receiving treatments in Mexicali.[2]

* * * *

From September to November, I worked . . . [in] San Joaquin County. Around the first of November, I got pneumonia from getting wet while working. I was sick for 22 days. The whole time, I had to continue paying for my board, out of my own pocket. The insurance paid nothing. Finally, on November 20, my contract ended. I was sent back, although I was still sick. The doctor that I was taken to gave very bad treatment.[3]

* * * *

They will not take a bracero to the doctor unless he is dying. When I was working for the association in _____ in January, a friend of mine got sick. They did nothing for him but give him pills. He kept getting worse. Finally he got very sick and they operated on him. Now it is May, and he has still not been given a cent. Another man at this same camp hurt his eye. He was refused medical treatment for fifteen days. Finally, he went in on his own and was taken care of.[4]

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[1]Interview, April 18, 1958.

[2]Interview, November 16, 1958.

[3]Interview, April 25, 1958.

[4]Interview, May 28, 1958.

I have stomach trouble. As soon as I eat, I get a pain in my stomach and on my side. I went to a doctor five times in Santa Paula. All he did for me was to give me some pills that would only ease the pain, but not cure me. My contract is not over, but I am leaving. I would have left sooner, but I had sent all my money to my family in Mexico and I had to wait until I had saved enough for bus fare back home. My trouble started here in the United States with the food. At first it was a little pain, but it has been growing until I can no longer stand it. All the doctor would say was that I was all right. I have lost much weight. Now I am going back to Mexico to get cured.[1]

* * * *

When we were working for citrus growers, near Riverside, a friend of mine fell off the ladder while he was working and injured his leg. He did not work for a whole month, and he got nothing for compensation. His board bill just kept on growing and growing, so he finally left for Mexico. He left penniless and he also left his board bill.

The doctor never did cure him.[2]

* * * *

I am leaving my contract before it is over. We worked only one day a week. The food stank. I have pains in my chest and back from the cold, wet weather. I went to the doctor, but he didn't even examine me. He only gave me pills. We pay for the insurance, but what is the use of having it? It is no good. We will not be cured. We get pills for broken legs the same as we would get them for headaches. The same pills we can buy anywhere for five cents. I am going back to Mexico to get cured.[3]

By comparison with such complaints as these, we found braceros' praise of their medical care to be infrequent. Midway through our interview schedule, we asked informants who had had at least one contract in the U. S., "How did the men in your camp seem to feel about the medical care they received?" Among approximately 800 informants, not more than half a dozen offered instances of favorable medical experiences in this country, and these tended to be second-hand and perfunctory. For example, a bracero who had worked near Merced, stated laconically, "One of my friends was run over by a tractor and he got very good treatment."[4] To be sure,

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[1]Interview, May 28, 1958.

[2]Interview, July 1, 1958.

[3]Interview, June 17, 1958.

[4]Interview, April 8, 1958.

many more informants responded in vague terms, such as "All right, I guess." But such positive feelings seemed curiously empty of content by comparison with negative feelings which, as we have observed, were frequently held very strongly, and were usually based on vividly recollected and recounted personal experiences.

We do not necessarily accept the proposition that braceros' health services are, objectively, as inferior as one might gather from statements by braceros themselves. But to repeat our earlier point: the important factor in influencing braceros' utilization of their health plan is not the objective quality of the care, but what they themselves think of it. The evidence suggests that, whatever its actual weaknesses and strengths, the braceros' health insurance plan has assumed somewhat the status of a scapegoat among men who have little other opportunity for complaint. Thus, a bracero in a Los Angeles County camp described in vivid detail the inadequacies of the medical care afforded a fellow bracero whose hand had been run over by a tractor. Upon questioning, the informant acknowledged that he did not know the other bracero, and had not even seen him, but had "heard about" the case.[1]

Within this sort of atmosphere, the insurance companies responsible for providing braceros with medical care are certain to have difficulty reaching the men effectively in practice, no matter how well their programs may be designed in theory.

J. Physicians' Characteristics

In the course of our study, we asked several hundred braceros if they were going to a doctor, what quality they would like most for him to have. The results have been summarized in Table 42.

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[1]Interview, August 22, 1957.

Table 42

Replies of 700 Braceros to the Question,
"If You Were Going to See a Doctor,
What Quality Would You Like Most for Him to Have?"

Physician's Characteristics	Number	Per cent
TOTAL	700	100.0
Ability to speak Spanish	273	39.0
Extensive medical experience	71	10.1
Competence[a]	69	9.9
Personal interest	52	7.4
"Don't care, so long as I get cured"	42	6.0
Patience, Kindness, etc.	42	6.0
Courtesy	29	4.1
"Willingness to treat me"	24	3.4
Other[b]	8	1.1
Don't know	93	13.2

[a]E.g., "be thorough," "know what he is doing," etc.

[b]Includes multiple responses.

These data are almost as interesting for the things which were mentioned relatively infrequently as for the things which were mentioned most often. For example, the number of informants who mentioned medical education as being of primary importance, was negligible. For another example, "courtesy" was mentioned by relatively few of our informants. While courtesy plays an important role in interpersonal relationships in Hispanic cultures, braceros evidently construe it as less than crucial to the healing situation.

In our series of 700 informants, only 3 indicated a desire that their attending physician be competent in folk medicine--e.g., the use of herbs. This finding tends to corroborate the observation of anthropologists that in the popular medicine of Mexico, a distinction is drawn between the provinces in which medical doctors are expected to be competent and those which are reserved to folk healers. Thus, our informant who stated, "Medical doctors don't believe in empachos,"[1] was stating a natural fact rather than a reproach.

One informant, an exceptional case, indicated that he had gone to physicians in the United States for a condition which, in Mexico, he would no doubt have taken to a curandera or other folk healer.

[1]Interview, August 20, 1958.

> I am sick right now with bilis. I have had it for some time. My stomach, it feels hard, and when I hit it, it sounds like a watermelon. I don't know what caused it. I have been to several doctors during my contract. Some of them were in the Imperial Valley and some were up near Salinas. None of them have been able to do me any good. Finally, I bought some herbs and made a bottle of medicine for myself. It is very bitter; it is best that way. But the doctors told me that there was no cure and that I should go home. I am still sick, and I would like them to do something for me. I would like an X-ray of my whole body. . . .[1]

We note, in Table 42, the relative infrequency with which compassionate qualities and "personal interest" were mentioned. Only 6.0% of our 700 bracero informants singled out patience, kindness, understanding, and the like, as being most desirable in a physician, and only 7.4% mentioned personal attention.[2] This is not to say that braceros are content with rough and rude treatment. As we have seen in many quotations from interviews with braceros, they keenly resent this sort of treatment. But they regard the medical situation, first and foremost, as a healing situation, and regard the human content of the situation as less important than its results.

All this is simply to say that the braceros in our sample demonstrated a strikingly pragmatic approach to medical care. A number of informants, in response to our question, stated flatly, "I don't care what kind of doctor he is, so long as he cures me."

A bracero who has been treated successfully by a doctor usually considers his own experience weightier than the opinions of his fellow braceros. For example, a bracero who had worked in the "citrus belt" said,

> Most of the men in the camp do not think well of the doctor. They say he gives too many pills. But, as for me, I have nothing against the doctor. He is good. He cured me of the only illness I have had since I have been here. I was lifting some boards one day and hurt my waist. The doctor cured me with heat treatments, and I am satisfied.[3]

The characteristic which was mentioned by the braceros in our sample far more frequently than any other was "ability to speak Spanish." This

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[1]Interview, July 8, 1958.

[2]It is interesting to conjecture on the possible differences between such findings as this and the "most desired qualities" which might be mentioned by citizens of the U. S. in a similar survey.

[3]Interview, August 20, 1957.

it would appear, is actually another way of saying that braceros' interests are primarily pragmatic. A number of braceros have apparently discovered that a doctor who speaks only English and a patient who speaks only Spanish do not make for the most successful of therapeutic situations. For example, one informant said,

> A friend of mine went to the doctor in Salinas to get treatment. All he had was an ordinary cold. But he couldn't make either the doctor or the nurse understand. They couldn't understand a word of Spanish and my friend couldn't explain himself in English. My friend thinks they misunderstood him and gave the wrong kind of medicine. I think he is right because it poisoned him and he is now in the hospital.[1]

To summarize: braceros' ideas about what constitutes adequate medical care lean strongly toward practicality, as distinguished from the "bedside manner" which is prized in some cultures. On the basis of evidence reviewed elsewhere in this chapter, there is reason to believe that braceros' rather simple and direct pragmatic desires are often unmet by the type of medical care they receive in the United States--at least, in the judgment of the braceros themselves.

Braceros bring with them certain other frames of reference for the assessment of the medical care they receive here. It would be an error, however, to assume these frames of reference are imported intact, or to assume American practitioners should necessarily cater to them even if they were. If we knew, for example, that braceros tended to be treated in an abrupt manner by doctors in Mexico, this would not be to say that braceros were satisfied with treatment of this same type while they were in the United States. One bracero, when asked for his strongest impression of the U. S. replied, "El respeto que hay en todo (The respect that there is in everything)."[2] It would probably be an exaggeration to say that braceros expect they will be accorded respect in this country, and take it for granted as their due, but it seems no exaggeration to say they are sensitive to it, and grateful when it comes their way, whether in a healing situation or any other.

K. Patients' Attitudes and Characteristics

Let us remember the nature of the situation in which the bracero finds himself. He is immersed in an unfamiliar milieu, part of which consists of an unfamiliar health insurance plan. To an important extent, as we shall see, the bracero is only able to view this situation through the cultural "spectacles" which he brings with him from Mexico. But, also, to an extent, the bracero brings to bear on the situation certain qualities so nearly universal we may think of them as "supercultural." The first of these attributes is curiosity. The manager of

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[1] Interview, May 22, 1958.

[2] Interview, September 10, 1957.

a bracero-users' association in Southern California said (doubtless somewhat hyperbolically),

> After being in this business long enough, we know just about what to expect. We know that right after a batch of new men come in, most of them will show up at the dispensary with a headache or a hangnail or any old thing. They do not really need to see a doctor. They are just down there to see what it's all about.[1]

The "supercultural" personal trait of curiosity, then, tends to make for a certain number of "one-shot" doctor visits. It would be an error, though, to overemphasize the play of this characteristic, for it must be balanced against personal traits which tend in an opposite direction.[2]

Perhaps the most important of these is the fear of the unknown. Many braceros have never been to a doctor in their lives. A married man from Guanajuato, for example, told us,

> No one in my family has ever been to a doctor. We are too poor.[3]

A young bracero from Jalisco said,

> I have never gone to a doctor because my family is too poor.[4]

An older bracero from Coahuila stated,

> Since my father and mother were killed in the revolution, I have tried to take care of my brothers and sisters. But when my brother got sick, I had no money to buy him medicines or take him to a doctor. So he died.[5]

One fairly sophisticated informant said,

> The braceros who are coming to the country for the first time don't go to doctors because they don't know what to expect. The old-timers don't go to doctors because they don't trust them.[6]

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[1]Interview, April 25, 1957.

[2]It must also be remembered that even if the camp manager quoted (ibid.) is accurate in his report, only 30 of California's 5,000 bracero camps maintain a dispensary.

[3]Interview, April 16, 1958.

[4]Interview, April 17, 1958.

[5]Interview, May 2, 1958.

[6]Interview, August 12, 1958.

A bracero who had been coming to the United States off and on for fourteen years said,

> I would not go to a doctor if my life depended on it. Doctors just study to cheat people. The only time anyone in my family has ever been to a doctor was one time when my sister was sick. The doctor said there was nothing he could do--she was going to die. We saved her with herb remedies. The doctor said it was unbelievable.[1]

Another bracero who had had considerable experience in the United States said,

> Only people who do not know any better go to doctors. As for me, I take care of myself.[2]

One of the forms which this sort of attitude assumes is the conviction that doctors are helpless to deal with certain important conditions. For example, Griffith quotes a young Mexican as saying,

> When one member of a family has tuberculosis, the others wait with their grim doom. They wait to see who will get it next.[3]

One of our informants in the present study said,

> When someone gets tuberculosis they are as good as dead. Doctors cannot cure this disease.[4]

Another of our informants said,

> My only son died of dysentery. I do not know what causes this disease. I do not believe anyone does. I took my son to the doctors, but none of them could cure him. I do not think anyone can cure dysentery. If they could, my son would be alive today.[5]

Obviously, the belief that a doctor can do no good serves as a deterrent to the utilization of medical care.

Another characteristic of potential bracero patients which sometimes serves the same end is ignorance of the very rudiments of medical practice. One informant, for example, was under the impression that medical

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[1]Interview, September 10, 1958.

[2]Interview, November 15, 1958.

[3]Beatrice Griffith, unpublished field notes, p. 186.

[4]Interview, May 8, 1958.

[5]Interview, April 7, 1958.

doctors in the United States are dentists.[1] Another informant was under the impression that the medical screening he received at the border rendered him immune to sickness in this country.

> It is impossible for me to be sick. I had physical examinations when I got my contracts in both 1956 and 1957.[2]

(This informant, by the way, was later sent back to Mexico for tuberculosis.)

Another "supercultural" characteristic, found among braceros as among everyone else, is the tendency toward credulity, particularly in unstructured situations. Two observers who studied the sociology of a bracero camp with considerable care concluded that there was no social structure in the usual sense, but, rather, a "rule by rumor."[3]

This characteristic tells us much about the bracero program aside from its health aspects, but, for the moment, let us consider some of the ways in which "rule by rumor" may bear a relationship to utilization of health services.

The following statement is representative of a number of similar statements, which were volunteered by our bracero informants.

> I have a friend at the association camp who likes to have an injection whenever he gets a cold or influenza. But we have heard that the association doctors do not give medicine in their injections; they just give water. So my friend does not go to them.[4]

Another widespread rumor among braceros has it that blood samples taken from them for diagnostic purposes are in fact sold to hospitals for transfusions. One informant stoutly maintained that braceros' blood was being sold in Mexicali and used in making tacos.

Finally, mention may be made of another personal characteristic which doubtless influences braceros' disposition to utilize health services in the United States. Although this might well have been considered in our discussion of "culture," below, it is so nearly universal it will here be considered supercultural. We refer to the fear of hospitalization and of

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[1] Interview, August 21, 1957.

[2] Interview, April 22, 1958.

[3] R. Cartwright and R. Fischer, "The Bracero Program: Source of Pride or Problems?" Unpublished manuscript, Pomona College, Claremont, California, May, 1957.

[4] Interview, April 14, 1958.

[5] Interview, May 10, 1958.

surgery. These fears may be held for a number of reasons. Lack of confidence in scientific medicine may be one such reason. But two features intrisic to the bracero system probably loom even larger. One is the element of the imponderable, the unknown. A bracero may have confidence in the medical personnel and facilities in his home town. But in the United States he does not know the doctors, the nurses, or the hospitals. To him, under these conditions, seeking medical care may seem like stepping out a strange window in the dark. Maybe there is a lawn two feet below. But, may there is a fall into eternity.

This element of the unknown is likely to play a most important part in the more serious types of cases. The camp "grapevine" often carries reports about the regular camp physician and the way he treats the usual run of injuries and illnesses. But little is likely to be known, even from hearsay, about the sorts of personnel and facilities which are used in emergencies. That which is known is likely to stress the morbid, if anything. The patient who dies is more memorable than the patient who recovers, in the bracero's society as in any other.

Considerations such as this probably weighed heavily in the decision of the bracero who said,

> During my last contract here in the United States, I became very sick in the abdomen. I left before my contract was over. I refused to be operated on here, and I went back to Mexico, where I was operated on for appendicitis.[1]

This man did not mistrust surgery as such, but he evidently mistrusted surgery in a setting which lacked the psychological supports of home.

A second factor built into the bracero system looms probably at least as importantly in the decision-making of braceros about medical matters. Let us call this second factor "isolation." The word may be taken in both its physical and psychological senses.

To any of us, hospitalization is likely to be a traumatic experience, because it seems an abrupt removal to another world--an unfamiliar white world, far from friends and family. This feeling is heightened in the bracero. Not only does he know no one in this strange white world, but he lacks the means to get to know anyone. The chances are that neither the nurses, the doctors, nor the other patients speak his language. A social worker said,

> There are plenty of things wrong with the bracero program, but the thing that really gets me is the poor fellows lying in the hospitals. What can they do? They have no visitors. They just lie there, day in and day out, staring at the ceiling. It's a wonder they ever get well that way. In the local hospital here there's a bracero who's been there eight months. There's not a

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[1] Interview, October 10, 1958.

single person on the staff of that hospital who speaks Spanish and can talk with him.[1]

A nurse's aide who worked in a hospital in the Imperial Valley said,

> Out of 34 beds in this hospital, usually at least six or eight are bracero cases. Most of the Nationals are scared. We have to try to convince them we are trying to help them, and sometimes it is hard to do. We had one patient who told the other three Nationals in his room that none of them were ever going to get out alive. They got so scared they almost jumped out of the window.
>
> The little Indians who come from the hills are the ones who are most nervous. We had one of them come in about two weeks ago. He had a pain in his stomach. Nobody was able to find out what was causing it. He was very, very shy. He had much darker skin than most of the braceros, and he wasn't so civilized. He would not cooperate. We couldn't get him to eat a thing, or to take his medicine. He wouldn't say a word to anybody. We were able to force a little food into him on the night shift, but I doubt if they were able to during the day time.
>
> There are no Spanish-speaking nurses on duty during the day. They tend to be quite impatient with the braceros. Two of us who are on duty at night are able to talk with the braceros. Some of them become quite friendly. Some of them even try to flirt with us.
>
> But even so, I've never seen one who was anxious to stay in the hospital. They usually wake up at 5:00 or 5:30 in the morning, and get up and start pacing up and down. They are very anxious to get back to camp and start working again.
>
> Sometimes, when they are leaving, they tell us they are grateful for the good care they have received. One of them said, "I was worried when I came, because I have been in the hospital in Mexicali. I am a Mexican, and I will never say anything against my country, but that hospital was terrible. It was filthy and the service was very bad. This hospital was much better."
>
> It even looks like the little Indian with the stomach pain is going to get well. We are curing him with milk of magnesia. He is even beginning to talk to us now.[2]

The feeling of loneliness and estrangement implicit in some of this statement is likely to be particularly pronounced in braceros due to the contrast between hospital administrative practice in Mexico and the United

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[1] Interview, May 4, 1957.

[2] Interview, November 16, 1958.

States. In Mexico, hospitals, particularly in small towns, are likely to grant very generous visiting privileges. The family, indeed, may move into the patients room.[1] Whatever effect this custom may have on the dangers of infection, its effect on the morale of the patient is almost certain: he does not feel he is alone; his spirits are correspondingly improved. In this country, it is unlikely that a bracero's fellow workers can arrange to visit him during hospital visiting hours, even assuming he has close friends in camp who would like to do so. These sorts of considerations must give a bracero pause if the time ever comes that he has to make a decision about seeking medical attention. The practical effect, it would seem, can only be pressure downward on the utilization rates under the bracero health insurance program.

It might be argued, of course, that postponement of needed medical attention leads, in the long run, to greater need for medical attention--and the need cannot be postponed indefinitely. However, by the time a subacute condition becomes acute, and elective care becomes mandatory, the bracero has usually returned to Mexico. He may add to the morbidity or mortality rates of that country, but not to the utilization rates under discussion here.

To summarize this section, most of the patients' characteristics we have examined have been of a type which would tend to reduce the use of medical care services and facilities. This affords another partial explanation of one of the basic questions with which we began: why do braceros tend to make relatively little use of a health insurance plan which, on paper, is unusually attractive, and the use of which costs nothing beyond the prepaid premiums which are deducted from bracero payrolls?

L. Culture

Braceros tend to be drawn from the regions of Mexico which are least industrialized, and least urbanized. They are drawn from the lower socio-economic strata of those regions. The persons responsible for conveying health services to braceros in the United States, on the other hand, are generally drawn from the most highly industrialized and highly urbanized regions of this country. What is more, they tend to be representatives of the upper socio-economic strata of the United States. Thus, in this healing situation there are two formidable gaps between prospective recipients of medical services and prospective vendors of those services. One gap is cultural; the other is social.

To sociologists and social anthropologists, particularly those who are interested in the emerging field of medical sociology, it may seem almost self-evident that we have here a crucial factor--perhaps the most crucial single factor--influencing the use which braceros in the U. S. make of the health services to which they are theoretically entitled. It might be assumed that braceros are carriers of a folk culture, an integral part of which is a folk medicine. It might be assumed that within the

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[1] See, e.g., Lyle Saunders, Cultural Difference and Medical Care; New York: Russell Sage Foundation, 1954, pp. 210-212.

framework of this folk medicine, the type of medicine provided under the braceros' health insurance program seems incomprehensible at best, alien and even terrifying at worst.

But rather than taking this for granted, let us consider it no more than a hypothesis, and examine some of the evidence bearing upon the point.

(a) In Mexico, manliness, or machismo, is a well-defined cultural strain which bears on health status in a number of ways.

In some cases, the concept of manliness seems to be virtually synonymous with sexual virility. An individual seeks to prove his manliness to himself and his companions through frequent sexual intercourse, which he reports about (and probably embroiders upon) with little reticence. If legitimate sexual outlets are unavailable--and they are unavailable, by fiat, within the terms of the bracero program--then illicit outlets must suffice. The implications for veneral disease are obvious.

The machismo strain probably relates to health even more commonly and importantly through the fact that stress on robustness discourages men in the early stages of illness from admitting they are ill and seeking medical advice. Foster, for example, writes of

> [The] feeling, particularly prevalent in Mexico, that it is shameful to be ill, or admit that one is weak enough to succumb to germs. One should be muy macho, very much a man, able to absorb a good many disease-causing elements and still be unaffected... Tubercular victims seem particularly loath to admit that they are afflicted.[1]

A citizen of Mexico told the author,

> Macho means a lot of different things. Like, for one thing, it means, "I can take a dare." Let's say a man is all pooped out after a hard day's work, and is lying down on his bunk. Another guy comes along and says, "Let's go out and get a few drinks." The first guy say, "Naw, I'm too tired." The second guy say, "What's the matter, you chicken?" Then, the first guy has to go, or else people will say no es macho. Another thing that macho means is that you just don't give a damn. You're tough; you don't care what happens to you or to the other guy; you can beat somebody up, you can even kill him. It doesn't make any difference. It can get a person in real trouble. Let's say a guy is picking oranges. He gets a cramp in his belly. He says, "I better go to the doctor." Another guy says, "Aw, come on, let's finish this row." The sick man may work all day, and end up by keeling over. But he doesn't want people to think he is a sissy. That's how it works. In the class of people you find among the braceros,

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[1]George Foster (ed.), A Cross-Cultural Anthropological Analysis of a Technical Aid Program; Washington, D.C.: Smithsonian Institution, 1951, p. 55.

you will find most of them have this idea: ¡somos hombres; somos machos! (we are men; we are manly!)[1]

(b) Conceptions of time. Much of modern medicine depends upon the clock and the calendar. One must appear at the doctor's office at a given hour on a given date. One is given medicine to take at regular intervals for a given number of days. If one is not feeling well in a certain period of time, one is to return. To a precise science, such precision is of course necessary. But rural Mexico is for the most part unaccustomed to precision in the matter of time. Augur writes,

> To us Anglo-Saxons time is horizontal, and in movement. It is a stream moving out of the past through the present into the future and the human game is to rush with time as far into the future as possible. . . . We think this is the only possible description of time. But the Indians have lived for thousands of years by almost the opposite conception, which was the core of Middle American religion. To the Indians, time is vertical, and it does not move (any) more than the vast Pacific, which has its waves, tides, currents, but stays within its given space. . . . The Indian lives in a present which contains all the time there is. . . . The past is not something behind him, but around him. . . .The future, too, is part of today because amassed experience has given him the faith that it exists as part of the vast ocean of time.[2]

Whether this description applies to all braceros might be argued, but it seems unarguable that time means something different to the average bracero than to the Anglo-Saxon farmer he works for or the Anglo-Saxon physician who treats him. In this vein, Foster writes of a case reported from Mexico by Isabel Kelly.

> . . . The physician told a mother to nurse her baby "every 3 hours." The anthropologist asked the mother at what hours she would feed the child. "At six, seven, eight, and so on," replied the mother. The startled physician repeated his instructions, and the anthropologist again asked the mother when she was supposed to feed the child. The answer was the same. . . .In the United States, it is taken for granted that patients will understand what is meant by such instructions as "every 3 hours." Yet in much of Latin America this expression is meaningless.[3]

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[1]Interview, August 15, 1957.

[2]Helen Augur, Zapotec; Garden City, New York: Doubleday, 1954, pp. 273-274.

[3]George M. Foster, "Use of Anthropological Methods and Data in Planning and Operation," Public Health Reports, 68:854 (September, 1953).

(c) Conceptions of prevention. A concept somewhat related both to notions of manly virtue and to notions of time is the concept of prevention. This is a strong theme in Western culture generally, including Western medicine. The aim of all science, it is said, is nothing more nor less than prediction and control. Prediction and control imply the ability to prevent undesirable events from occurring, as well as the facilitating of desirable events. To the extent that science and technology are dominant in Western cultures, at least at the moment, it is accurate to say that we are preoccupied with prevention, as part of our manipulation of the forces of nature.

This theme plays a far less important part in the culture of Mexico. This is partly a matter of the general pre-material emphasis of that culture, and other so-called "underdeveloped" cultures of the world. It is partly a pragmatic matter, as well. There is no particularly good reason to be concerned with prevention if the tools--ideological and technolgical--for prevention are not at hand. That way lies frustration, and there is no survival value in frustration. Before the carrier of Western culture judges the Mexican peasant, or other carrier of a pre-Western culture, for what seems to be indifference to the anticipation of the future, he should ask himself, "Given his circumstances, what would it profit this man to anticipate the future?"

One should bring this sort of frame of reference to bear upon the following sorts of comments we received from our bracero informants:

> We usually do not do anything about sickness until we get sick.[1]

* * * *

> I have never been to a doctor in my life. I leave everything to God. If I get well, all right. If not, it is God's will.[2]

* * * *

> What is the best prevention for malaria? I do not know. We do not know what to do about diseases until we are sick. Then we go to a doctor.[3]

Martinez reports that, in an interview with a bracero camp physician, this was said to be a well-defined pattern. "Dr.___ complained that a very small percentage come to him for treatment unless they are quite ill."[4]

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[1] Interview, April 11, 1958.

[2] Interview, April 25, 1958.

[3] Interview, April 11, 1958.

[4] Martinez, op. cit., p. 67.

D. H. Lawrence expressed the point in the following way:

> When the white monkeys come round, they peer at the house, at the woman, at the children. They say: Your child is sick. Si, Senor. What have you done for it?--Nothing. What is to be done?--You must make a poultice. I will show you how.
>
> Well, it was very amusing, this making hot dough to dab on the baby. Like plastering a house with mud. But why do it twice? Twice is not amusing. The child will die. Well, then, it will be in Paradise. How nice for it! That's just what God wants of it, that it shall be a cheerful little angel among the roses of Paradise. What could be better?
>
> How tedious of the white monkey coming with the trick of salvation, to rub oil on the baby, and put poultices on it, and make you give it medicine in a spoon at morning, noon, and night. Why morning and noon and night? Why not just anytime, anywhen? It will die tomorrow if you don't do these things today! But tomorrow is another day, and it is not dead now, so if it dies at another time, it must be because the other times are out of hand.[1]

Charles Leslie includes, among his field notes from Oaxaca, a description of the bitterness of a doctor who encountered much the same appearance of indifference on the part of parents whose child died.

> Last Saturday, October 17, the doctor and I were going to eat supper when a man hailed him asking to come see a sick child. The child had been sick for three months and was now very grave. When we got to the house we found about an 8 year old girl lying on a petate and covered with many blankets. She was almost a skeleton, the only parts of her not shrunken were swollen with ulcers from vitamin deficiency and poor circulation. . . .The doctor asked the mother what had been wrong. Three months ago a mild but constant diarrhea, and then the child stopped eating. Why didn't you call me then? We don't have the money. If that is true you could have gone to the mayor and gotten a paper and I would have cured the child. It is too late now, the child needs blood transfusions, plasma, many different medicines and even so will probably die. It would cost 300 pesos. You had better save it for the funeral. . . .The mother pleaded for the doctor to treat the child but he said that it was too late. . . .
>
> The next day I passed the house. The father was sitting in the house so I went in. The child was lying on the petate covered with blankets and a white cloth on the head. I thoughtshe was dead, but the father said no, he pulled back

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[1] D. H. Lawrence, Mornings in Mexico; New York: Knopf, 1927, pp. 60-61.

the cloth, they had put a saint's picture under the chin, the hands were crossed over the breast, the child was moribund.

In the early evening I heard the church bells ring for an angelito. . . .

Today (October 23) the doctor told me that he went to the funeral and emptied his pocket of change, including a five peso silver coin (in all about 8 pesos he said), and told the people collected there that now that the child was dead they had come with money to buy all that bread and chocolate, mescal, and meat, and to pay for a box and musicians and candles. . . . but that when the child was sick they would not give help to the family so that three months ago when the illness had been started the life could have been saved for 15 pesos. He said they said, "yes, doctor, yes, yes" and looked at the floor and then offered him mescal.

. . . What (the doctor) doesn't realize. . .is that the compadres (godparents) and family owe the aid for the funeral as a part of their institutionalized obligations whereas they owe nothing for paying for a doctor and modern medicines.[1]

(d) To this point, we have been discussing rather general cultural strains which touch health practices only incidentally. Let us now come directly to grips with that constellation of culture traits which have to do with sickness and healing, and which, for want of a better term, we may call "healthways."

For example, the ethnographic literature suggests that belief in a disease called bilis (from the same Latin root as our "bile" and "bilious") is conspicuous among Mexican healthways. Early in our survey, when all our questions were open-ended, we obtained from braceros such explanations of bilis as the following:

It is a disease of the vesicles.[2]

When you have bilis, you have no strength in the body. It is caused by fear. I do not know how you could possibly prevent it. We all get it.[3]

The sign of a person having bilis is that he is angry. I do not know what causes it.[4]

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[1]Charles Leslie, Pomona College, Claremont, California, unpublished field notes.

[2]Interview, August 14, 1957.

[3]Interview, August 20, 1957.

[4]Interview, August 21, 1957.

A person with bilis is an extremely nervous person. He cannot control his nerves. He also has yellow eyes.[1]

The main symptom of bilis is loss of appetite. Its main cause is hacer mucho coraje (to be very angry). The best prevention is to take sedatives for the liver.[2]

It is a sickness of the stomach, caused by disgust, anger, or fright. The best prevención is un trago de fuerte (a shot of "hard" [liquor]).[3]

The symptoms of bilis are mal sabor de boca (bad taste in the mouth) and ojos amarillentos (yellowish eyes). It is caused by corajes externos o internos (literally, angers external or internal--i.e., angers one gives vent to or does not give vent to). The way to prevent bilis is to evitar enojo (avoid annoyances).[4]

People who have bilis turn a yellow color and have an uncontrollable temper. It is caused by un coraje muy fuerte (a very intense anger), or by a fright. To cure it, rural poeple customarily take drinks (i.e., intoxicants).[5]

The sign of bilis is un dolor que pega (a pain which "hits you"). It comes from the intestines not functioning well. The people who have it are very ill-tempered.[6]

It comes from a scare. The best cure is to eat bitter things.[7]

The principal symptom is a pain in the head. It may be prevented by certain patent medicines.[8]

The symptoms of bilis usually appear as a bitter taste in the mouth. The causes of bilis are usually attributed to other illnesses that one suffers.[9]

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[1]Interview, August 22, 1957.

[2]Interview, August 28, 1957.

[3]Interview, September 10, 1957.

[4]Interview, September 12, 1957.

[5]Interview, September 16, 1957.

[6]Interview, September 18, 1957.

[7]Interview, September 19, 1957.

[8]Interview, September 20, 1957.

[9]Interview, September 20, 1957.

The main sign of bilis is diarrhea. The prevention is to have a great deal of patience.[1]

We found, similarly wide variations in the explanations of mal aire which we obtained in our open-ended interviewing. According to ethnographic sources, this concept, which literally means "bad air," and freely, "sickness from the air," is widespread among the Mexican folk. Our informants, however, were unable to identify it in any consistent manner.

This sickness is caused by getting out of bed too rapidly. One feels desvanecido (dizzy or drunken).[2]

Mal aire is like having catarro (a cold).[3]

It affects the eyes. It comes from a surprise.[4]

Mal aire is an irritation of the entire body. It is caused by bad weather.[5]

If one is warm, and goes into the cold air, one may get mal aire. I do not know the symptoms, or the treatment.[6]

Mal aire is an enfriamiento muscular (chill or cold of the muscles). It is caused by cold currents of air received by an organism which was warm.[7]

This is a sickness of the head. We cure it with bay leaves, anise, and an herb which we call "Pedro Antonio."[8]

Mal aire is a pain that runs through the body. It is caused by a wind that is introduced onto the body.[9]

It is an irritation of the skin, caused by a golpe (blow) of air. The way to prevent it is not to walk in the cold air.[10]

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[1]Interview, September 21, 1957.

[2]Interview, August 20, 1957.

[3]Interview, August 21, 1957.

[4]Interview, August 22, 1957.

[5]Interview, August 28, 1957.

[6]Interview, August 30, 1957.

[7]Interview, September 12, 1957.

[8]Interview, September 13, 1957.

[9]Interview, September 18, 1957.

[10]Interview, September 20, 1957.

Mal aire is usually something that attacks little children. The symptoms are headaches and excoriations on the body. It is usually caused by being asleep and warm, and then getting up and going out into the cold air of the street. There are some remedios caseros (home remedies) which can prevent this, but I do not know their names.[1]

There was also considerable variation in the explanations we received of the term susto, aside from the fact our bracero informants generally agreed it stemmed from fright or surprise.

The symtpom of susto is nervousness. It is caused by seeing something which one does not expect.[2]

When one has susto, quiere adormecerse el cuerpo (the body wants to fall asleep).[3]

It is caused by a sudden surprise. To prevent it, one must be enérgico (alert; literally, lively).[4]

It is caused by a bad impression received from an unexpected piece of news.[5]

When one has susto, one feels panicky. One should not permit one's self to get excited.[6]

This is caused by anything unexpected. It consists of a sickness of the stomach and a faulty appetite. One should consult a doctor for prevención.[7]

If one were scared by some animal, he would get susto. The prevención is to drink water.[8]

Susto is a disease of decaimiento (weakness; decline).[9]

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[1]Interview, September 28, 1957.

[2]Interview, August 21, 1957.

[3]Interview, August 28, 1957.

[4]Interview, September 10, 1957.

[5]Interview, September 12, 1957.

[6]Interview, September 16, 1957.

[7]Interview, August 22, 1957.

[8]Interview, September 18, 1957.

[9]Interview, September 19, 1957.

Susto is characterized by a dry mouth. It comes from terror.[1]

It is caused by some danger or peril. The thing to do is to take many precautions.[2]

Susto is caused by seeing something which you did not anticipate. The only prevention is no ver (not to see). (Laughter.)[3]

Some of our informants were unable to identify these "common" folk illnesses at all. It might be thought that these informants were withholding information because the interviewer had failed to establish rapport, or because the questions were unusually "sensitive." This interpretation, however, seems inadequate to explain the facts. Not one, but several interviewers were employed, and all encountered substantially the same types of reactions. What is more, other internal evidence from the interviews suggests that rapport had, in fact, been successfully established in most cases.

Rather, it appears from the diversity of responses which we obtained with respect to causation, symptoms, prevention, and cure of "common" folk diseases--and from the fact some braceros were completely unfamiliar with these diseases--that there is no monolithic folk medicine at work in the bracero situation. That is to say, there is no consistent body of traditional beliefs and practices, having to do with the maintenance of health and cure of sickness, which is known to and subscribed to by all or virtually all the members of the group. Perhaps this is in the very nature of folklore. Perhaps variation is to be expected, precisely because the folk are pre-scientific. Replication and universality are of the essence of scientism, and, thus, concepts from scientific medicine such as "tonsillitis," "normal temperature," and "appendectomy" have substantially the same meaning for everyone who shares in this particular universe of discourse.

Bilis, mal aire, susto, and the like, did not have the same meaning for braceros who participate in the universe of discourse of rural Mexico. If we had been able to classify our informants according to subculture--Zapotec, Tarascan, Yaqui, and so forth--we might have found greater stability of responses among subgroups. But we might have found considerable variation even here.

None of this is to say that the "healthways" of rural Mexico are unimportant to braceros' utilization of health services in the United States. It is only to say that it was very difficult for us to design questions, turning upon folk concepts, which were consistently meaningful to our informants.

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[1]Interview, September 20, 1957.

[2]Interview, August 30, 1957.

[3]Interview, August 20, 1957.

There remains another factor which must be considered in any discussion of the influence of folk culture upon braceros' reactions to their United States health program. "Healthways," like folkways in general, are less than universal throughout the group. This alone, it would seem, renders them somewhat tenuous, and vulnerable to dilution by competitive belief systems. Added to this is the fact that folk medicine is under attack, directly or indirectly, from scientific medicine. The Mexican Government has attempted to extend scientific medicine to rural areas in two principal ways. Every medical school graduate in Mexico is required to serve an internship of six months, practicing in a rural area. Secondly, a system of free clinics under the administration of the Ministry of Public Health and Welfare is being expanded at the village level as swiftly as the Federal budget of Mexico will permit. There are probably few Mexicans to be found at the present time who have not had some contact with scientific medicine. As in much of the rest of the world, beliefs of a former time are being put asunder or attenuated by the influence of Western culture. The process is incomplete, to be sure. Folk ideas no doubt play a part in the braceros' attitudes toward medical care, and will probably continue to play a part so long as scientific medicine is fallible and leaves unsatisfied certain basic human urges toward wholeness. But much of the evidence gathered in the course of our study suggests that the role of "healthways" in influencing braceros' utilization of health services--at least, while they are in the United States--is not the dominant one which a "culturistic" interpretation might lead one to hypothesize.[1]

Among other highly suggestive types of evidence, we may cite the medical care utilization patterns observed in a bracero camp in Southern California with an average year-round population of about three hundred men. A doctor goes into this camp every week-day morning at 8:00 for "sick call," and stays as long as he is needed. In the average morning, he sees about 20 men. This amounts to an average of about 16 doctor visits per man per year, three times the average for this age group in the general male population of California and nearly ten times that of other bracero groups we have examined. By coincidence at the time we were conducting our study, there was, in this same camp, a yierbero, a Mexican folk healer who specializes in the use of herbs. Although this man was employed as a bracero, outside of working hours plied his healing trade among his fellow braceros. At the time he was interviewed, he had been in camp eight months, and had had only five patients. During the same period, the camp physician had had perhaps 3,000 patients.

Within a strictly cultural interpretation of bracero behavior, this situation would be inconceivable. Admittedly, the S____ Camp is unusual. It is doubtful that quite the same fortuitous combination of circumstances which exists in this camp is to be found in any other camp in the State, or perhaps in the country. The doctor is Spanish-speaking. He is a retired medical missionary, who is serving braceros in a missionary rather than a commercial spirit. The camp management is sympathetic to the medical system he has instituted. Braceros are not penalized for going on "sick call." They lose little time from work.

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[1]The entire area of braceros' healthways, their modification or persistence in the face of alternative health systems, is to be discussed in a series of articles currently in preparation.

Nonetheless, this camp constitutes a fair test for the cultural hypothesis. An acceptable theory of human behavior must be adequate to explain the unusual. The exception, far from proving the rule, is fatal to it.

The braceros in the particular camp we have been discussing are essentially the same types of men to be found in any bracero camp.[1] Yet their behavior is contrary to what the cultural hypothesis would lead us to anticipate. Evidently, we must look beyond the cultural interpretation for an explanation of why braceros seek medical care as they do. We do not discount entirely the relevance of the braceros' folk heritage. We must, however, supplement it in attempting to account for braceros' behavior in the field of health and medical care.

M. The Supervisory System

We shall here discuss the individuals within the average bracero's employment universe who are in positions to influence the extent to which he avails himself of medical care. Such persons do not necessarily (although they may) influence the wishes of the bracero concerning his day-to-day activities, but they may vitally influence the directions in which the bracero is able to implement his wishes, and, often, whether he is able to implement them at all.

The bracero does not choose the employer he works for, the type of work in which he engages, the place of work, the hours of work, the people he works with, or the conditions of employment. The bracero does what he is told by those above him in the system. These include, in descending order, the owner, whom he practically never sees, the camp manager, whom he may rarely see, particularly in large camps; the assistant camp manager or mayordomo; and the class of supervisory personnel with whom he has most of his dealings: crew leaders, labor contractors, foremen, and "straw bosses," who are often referred to as jefes (chiefs). These persons drive him to and from the fields, tell him how to perform his work, supervise him, and perform (often for a fee) minor services, such as cashing his checks, mailing his letters, and the like.

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[1] Two possible qualifications to this generalization may be noted. This was an association camp, and therefore more likely than a small, individually-owned camp to contain a number of men who had been in the United States for six months or more. It was, furthermore, a camp primarily intended to serve the citrus growers of Los Angeles and San Bernardino counties. Citrus offers much more permanent employment than most other California crops. It is probable then, that this camp contained more "old-timers" than would be the rule in, say, an asparagus camp in San Joaquin County.

When the bracero feels that he may be sick enough to see a doctor, he usually talks either to the mayordomo, or to the jefe under whom he is working at the moment. These individuals are in a most strategic position to influence the braceros' receipt of medical care. It is within their power to decide whether a man will see a doctor or whether he will not. The treaties and documents under which the bracero program operates say nothing about this sociological structure.[1] It is simply a product of the evolution of the contract labor system.

It becomes appropriate, therefore, to consider for a moment the sorts of people mayordomos and jefes tend to be, and the ways in which they choose to exercise their power. Crew leaders are usually Mexican-Americans who have had considerable experience in farm labor operations. Characteristically, their career has progressed through a series of stages, from farm laborer, through crew leader for Spanish-speaking domestic migrants or "wetbacks," to crew leader for braceros. The next step beyond crew leader is contractor or assistant camp manager.

These men speak the bracero's language, they have a similar biological and cultural background,[2] they may even have relatives who are braceros. But this should not be taken to suggest there is any particular affection between the Mexican-American jefe and the Mexican bracero. The relationship, at its best, is one of superordination-subordination. There is little "fraternizing," as shown by the following statement by a Mexican-American crew leader who had been working with braceros since the inception of the program during World War II:

> Crew leaders don't live with their crews. Most of the crew leaders have their families, say, in Claremont, and the camp is in Monte Vista or Cucamonga, ten or fifteen miles away. Or they live in little towns near the camps. They go out to the camp every morning between 5:00 and 6:00 to pick up their crew, and they drop'em off at night between 5:00 and 6:00. Now, sometimes I work out of a camp down at San Luis Rey. That's a hundred miles away. So, when I do that, I stay at the camp. If you stay in the camp, you have your own cabin. You have your own toilet and your own shower. You can eat in the mess hall if you want, but I don't like to. I eat in the kitchen. You eat what you want to. Suppose the boys are having beans or rice. You can have beans or rice if you want to, or you can ask for steak.[3]

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[1] Indeed, many of these functionaries, being labor contractors in fact if not in name, are theoretically barred from participation in the program by Article 36 of the International Agreement.

[2] The crew leader shares elements of a U.S. as well as a Mexican cultural heritage. But he is usually not a "younger generation" Mexican-American. He is often of Mexican birth himself, but may be a naturalized citizen of the United States.

[3] Interview, June 23, 1957.

In fourteen years of work with braceros, this crew leader had never invited one of them to his home.

The relation between crew and crew leader is "separate but unequal" at best. At worst, it is distinctly antipathetic. In our interviews, we found that very few braceros were willing to speak of their feelings toward their foremen and supervisors, a fact which in itself was highly suggestive. Observers other than braceros are not so reluctant to speak on this point. A Department of Labor representative, for example, said,

> You would think that these Spanish-speaking contractors would treat their countrymen decently, but it is just the opposite. Believe me, it isn't the growers who mistreat the Nationals, it's the Mexican foremen and contractors. Nobody is so mean to a Mexican as another Mexican who has a little bit of authority.[1]

In addition to the above pattern, it is not uncommon for Mexican-American youths to be placed in positions of responsibility within the bracero system. The important question to be raised in such cases is whether these young men are sufficiently mature to wield important power over medical decisions and other phases of the lives of the braceros under them. For example, a priest who has observed the bracero program closely since its inception said,

> The thing that really hurts is to see the braceros ordered around by young punks, just out of high school, who have never done an honest day's work in their lives. Just last week, I was down at G____'s camp. There were his two boys ordering around a lot of braceros who were old enough to be their fathers. ¡Andale, andale! they would shout, and the braceros would obey meekly. Why, the young punks should be horsewhipped. They have no business having so much power over other people at their age, and with their lack of experience. I am not concerned for the braceros so much. They may not say anything, but you could see them looking at these two kids out of the corners of their eyes, and putting the whole thing into perspective. I am more concerned for these kids themselves. They are getting the wrong idea about life. One of these days, they are going to wake up to find out that life as it is lived in the United States isn't like the bracero program. It is going to be a rude awakening.[2]

In many bracero-using associations, key functionaries are often aliens themselves. It is common practice for a camp manager to select a bracero whom he considers to possess the necessary qualities and to arrange that he come back to the United States under a visa. Viseros, as they are called, make up the greater part of the operating staff of some camps. They may become head cooks, carpenters, commissary operators, or assistant camp managers (mayordomos). Sometimes the braceros nominated to become mayordomos are

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[1]Interview, May 8, 1957.

[2]Interview, January 3, 1957.

good men, selected for their intelligence, reliability and other desirable qualities. For every mayordomo who takes his new responsibilities maturely, however, there is probably another who is unable to resist the feeling he is now different from his former compatriots, and unable to resist the temptation to prove this "differentness," through various shows of strength.

The publisher of a Spanish-language newspaper, who had followed the bracero program closely for many years, said,

> There is a problem I wish someone would investigate and it is this: what is the role of the camp lieutenants--mayordomos, viseros, camperos, or whatever you want to call them? These men, I suspect, have more power than is frequently realized, and I suspect they frequently use this power in an undesirable way. They actually run the camps, so far as the men are concerned. The camp manager is busy with other things: purchasing, payrools, and so forth. In the kingdom of the blind, the one-eyed man is king. That's the way the saying goes. In a bracero camp, the mayordomo is a one-eyed king. The manager usually doesn't live in the camp, you know. The mayordomo does. He is frequently a minor despot with his own little kingdom. He is in a position to extract all sorts of tributes from his vassals. He is in a position to send a man into a grove where the picking is known to be very good, or if he wishes he can send a man into a grove where the crop is very thin. He can assign a man to irrigating, at hourly wages, rather than picking, at piece rates. He can assign a man to work in the kitchen. I would like very much to find out more about the way this system works.[1]

We shall not attempt here to answer the questions raised by this newspaper editor. We shall, however, examine the way the system works with respect to medical care, and from this, perhaps, certain broader inferences may be drawn.

At the beginning of our survey, we asked a number of braceros, "Suppose you were suddenly to get a severe stomach ache in camp or in the field. What do you think you would do?" The question was soon abandoned, because the answers it elicited were merely repetitive. With the exception of one informant who said he would ask his friends what to do, all informants said that they would consult with the foremen if they were in the field, and with the mayordomo if they were in camp.

In some cases, no doubt, these supervisors are conscientious in discharging their responsibilities for the health of the men under them. One mayordomo for example said,

> Whenever a man in my camp gets sick, either my wife or I take him to the doctor in El Centro. The braceros receive the best medical treatment there is. In fact, they are better off than 95% of the American citizens who live here in this Valley. Let me tell you a story. This was an actual case that I saw happen. We had a bracero who needed to be hospitalized.

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[1] Interview, June 15, 1957.

> We took him to the County Hospital here, outside of El Centro. First of all, they told us that they were sorry, but they couldn't take any more patients, because they were full up. But then I mentioned that the fellow waiting outside was a bracero. When they heard that, they sent one of their other patients home, to make room for the bracero. It looked like the bracero was given preference over our own citizens.[1]

It may be that in most cases jefes and mayordomos allow anyone who complains of illness to see a doctor. On the face of it, one would suppose that only a very foolish laymen would take it upon himself to determine whether a bracero who complained of sickness was actually sick, and, if so, how badly. But the evidence gathered in the course of our investigations indicates that this is often the case. Perhaps it is largely a matter of laziness, or the pressure of other duties. In all but the largest camps, which maintain their own dispensaries, a doctor visit by a bracero requires that a foreman or other functionary drive the bracero into town. More efficient alternative arrangements have not yet been devised.

It is possible, too, that there is a certain amount of subconscious resentment at work in the situation. Braceros have much more generous health protection than do most of the men who are above them in the power structure. This apparent anomaly may be somewhat galling to jefes, below the level of awareness, and may cause them to reassure themselves as to their own power by withholding the privilege of medical care on occasion.

Whatever the reasons, it is certain that the supervisory personnel who actually operate the bracero program on a day-to-day basis frequently take it upon themselves to decide who is malingering and who is sick, and to diagnose differentially between those who have minor illnesses which do not require a doctor's attention and those who are sick enough to see the doctor. The following statements by a long-time student of the program illustrate the manner in which some assistant camp managers and straw bosses exercise their power:

> In _____ Camp, the contractor has a jar of blue pills on a shelf in the kitchen. Any bracero complaining of illness gets one pill if it is a headache; two pills if it is rheumatism; three if it is acute indigestion; and so on until, I think the maximum dose is seven pills--probably for a heart attack.[2]

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> There was a labor contractor over in Woodland, who had a boy, a Mexican bracero, a kid 17 or 18 years of age, who was operated on for appendicitis. The appendectomy was performed at 11:00 a.m. of a certain day. At 8:00 a.m. the following morning, he was back in the camp and the contractor

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[1] Interview, September 25, 1958.

[2] Interview, December 24, 1956.

was telling him to get up and get dressed and go to work. . . . So, this kid was forced to get up and get himself dressed. If it had not been for his friends, who intervened and made him go back to bed, and assumed the expenses of feeding him for three or four days, he would have been forced back to work within 24 hours of the appendectomy.[1]

The following statements by braceros are representative of complaints so numerous and so similar in basic content they cannot be lightly dismissed.

A bracero who had been contracted by an association in the San Joaquin Valley said,

> About a month ago, when I was cultivating tomatoes, I got a pain at the bottom of my back. I went to the doctor. He gave me a complete physical and then he gave me some pills. He was a good doctor; he and the nurse were both friendly and gave good treatment. The doctor told me to come back, after the pills were gone, for further treatment. But the camp caretaker, . . . refused to take me back. He would curse us and say that we were not sick and that we needed no medical treatment. One morning some of the other braceros and I were ready to go to the doctor, he came out and said, "All you sons of bitches get back to work." So we did.[2]

A bracero working in San Bernardino County said,

> Recently I was in an automobile accident, and received a blow on the chest. I was quite sick from a pain in the lungs. The pain was so severe that I could not work for two days. But when I asked the camp mayordomo what I should do about it, he said, "Nothing. Since there is no blood showing, it can't be a serious injury."[3]

A bracero who had been working in Riverside County for eighteen months, and was being recontracted again, stated,

> In January, I got the Asiatic Flu. I felt very sick, but when I asked to be taken to the doctor, the boss got very angry. They don't want to take us to the doctor. I had to come down to Mexicali to get two shots from an inyeccionista that I paid for myself before I got well.[4]

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[1] Ibid.

[2] Interview, July 7, 1958.

[3] Interview, September 21, 1957.

[4] Interview, April 14, 1958.

It is important to note that the braceros who work in areas near the border are in a slightly more fortunate position than braceros farther north, in the event their supervisors are skeptical of their need for medical care. A bracero in the Imperial Valley, Coachella Valley, or San Diego County is usually able to obtain treatment, on his own, in Mexicali or Tijuana--assuming he can afford it. A bracero employed in the delta region of San Joaquin County, or some other isolated area, is entirely dependent upon the whims of his employer, or, as in the following case, upon a gross misinterpretation of the insurance policy.

> I just got through a contract with the _____ _____ Corporation, cutting asparagus in San Joaquin County. One of the boys in the camp where I was cut his hand badly, off the job. He asked to be taken to the doctor, but the boss said he could not be taken to the doctor because the accident had happened outside of working hours.[1]

A bracero who had been working in the Imperial Valley said,

> The foreman was very harsh. He would not want to take us to a doctor no matter what was the matter with us. He had me driving a tractor and it turned over. I hurt my leg and I said I needed to see a doctor. After the doctor had taken care of me, he told the foreman to bring me back in three days for more treatment. When we got in the car, the foreman bawled me out and told me it was costing the insurance company too much. He never took me back to the doctor. He also threatened to return me to Mexico.[2]

It should not be supposed that braceros' complaints of this sort are confined to their expereinces in California. A bracero who was interviewed in California, but had formerly worked in Texas, said,

> When I was picking cotton in Texas in 1956, I got sick and a nurse saw me. She said I should stay in bed and not work for two or three days. Later that day, the foreman saw me in bed and asked me why I wasn't working. I told him what the nurse had told me. He made me get up and go out to work.[3]

A bracero who had recently completed a three month contract in New Mexico said,

> I have no idea what the doctor is like who is supposed to take care of the braceros there. The braceros have a very hard time trying to get to see the doctor, since the boss will not take them.[4]

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[1] Interview, May 22, 1958.

[2] Interview, September 1, 1958.

[3] Interview, May 23, 1958.

[4] Interview, July 3, 1958.

A bracero who had worked in Arkansas stated,

> I have been here as a bracero once before. It was in Arkansas, in September and October, 1956. I picked cotton. We had a very mean boss. Even if we got sick, we were never taken to a doctor. None of us braceros even knew the doctor's name, or where he was. It was all the same with all of us. We never got a chance to see him even though we got sick. My strongest memory of the United States is the bad treatment we got from that boss. I never did find out his name.[1]

A bracero who had recently worked in Arizona, also as a cotton picker, reported,

> During my contract last autumn I got sick. My stomach and chest hurt. I don't know what caused it. I went to see a doctor who took care of the men in that camp. He said I needed to stay in a hospital for several days. He was a good doctor. He did his best for us. I don't know his name, but I remember that he spoke Spanish. He gave me some vitamins and tonics. But I never got to go to the hospital because I got kicked out of the country. The reason I was kicked out was because I went to the doctor. My contract had not expired. It still had another month to go. My boss just kicked me out.[2]

The supervisors with whom braceros have most of their dealings literally have the power of life and death over the men whom they supervise. For example, one bracero reported,

> We were working at the _____ Camp; . . . We were always being yelled at, shoved around, and abused. Whenever we wanted to see a doctor, the boss always refused to take us to him. When I got sick in my kidneys, I had to buy my own medicine. One night at about eight o'clock, one of the braceros got very sick. We went to [the boss] and said that we thought the bracero should be taken to the doctor. We said we were afraid he might die. [The boss] just laughed and said, "Let him die." The next morning he died.[3]

Although it has not been possible to verify the details of the above account, the following incident has been investigated and found to have taken place as described by a bracero informant:

> There was a very good friend of mine here in camp. He came from my home town in Nayarit. He and I went to school together. We grew up together. Last week he died as the

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[1] Interview, April 11, 1958.

[2] Interview, April 10, 1958.

[3] Interview, June 26, 1958.

result of an accident. But, actually, he died because he lacked the proper attention that he should have received. . . .

It seems that my friend was working on a farm with a grass-seeding machine. He was trying to clear some weeds from the blades of the machine when he received a cut on his index and middle fingers. The cuts in themselves were not too serious, although the cut on the middle finger did reach the bone. He was immediately taken by the mayordomo, Sr. _____, to see the doctor . . . . Well, the doctor that attended him sewed up his fingers, put a bandage on them, and sent him back to camp saying that he would require no more treatment.

Three days after the accident, my friend complained that his hand and arm hurt. He asked Sr. _____ if he could see the doctor. . . .Since the doctor had said that he required no further treatment, he was refused a chance to see the doctor again.

A few days after this, my friend complained that the pain had reached his shoulder and that his hand was starting to smell bad. The bandages has not been changed and they were very dirty. In desperation, my friend finally, one morning sneaked onto the bus that takes the patients from the camp to see the doctor. But on the way to the doctor's office, Sr. _____ saw him on the bus and made him get down and walk back to camp. . . .

On the next day after this, my friend again reported to Sr. _____. By this time he could hardly stand. He was taken to the camp doctor. The camp doctor saw him and sent him immediately to the General Hospital. . . .Soon after he arrived at the hospital, he lapsed into a coma and never regained consciousness again. . . .[1]

The documents governing the bracero program contain certain provisions for the registration of complaints about such things as the arbitrary exercise of power by foremen and contractors. These provisions are largely nonoperative. Rarely do braceros know who the grievance settlers are, or where they can be reached. When they do complain, they often get something less than satisfaction. In the case of the death just mentioned, the dead man's friends had complained to the constituted authorities.

Just before my friend died, one of the men from the Mexican Consulate. . . came around to the camp on an inspection, levantar una acta (to draw up an official document). At this time, we told the . . . [Consular representative] all about the case of our friend, and the way he had been treated by the doctors and by Sr. _____. However, the. . .

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[1]Interview, September 16, 1957.

[consular representative] did not put any of these things into his acta. He did not mention anyone on the camp staff, and I think this might have been due to the fact that he and Sr. _____ are close friends.[1]

For the most part, braceros do not even try to alter their situation. They remain silent. They fear that the foreman or mayordomo will send them back to Mexico if he becomes displeased.

For example, a bracero working in the Imperial Valley said,

> For three years, off and on, I have had pain in my stomach. It is hurting me very badly today. I have not been able to eat anything for the last twenty-four hours. I have told no one about it, because I do not want to get into trouble.[2]

Technically, the supervisors who function at the "grass roots" of the bracero system do not have the power to terminate a bracero's contract, for medical or for any other reasons, valid or invalid. This can only be done by the employer of record (often an Association), with the approval of the U.S. Department of Labor and nearest Mexican consul. However, in actual practice, the legal employer rarely has any direct contact with his employees, and thus relies solely upon the recommendations of mayordomos and jefes.

In some areas, it appears that approval by authorities of repatriation requests is almost automatic. In others, the U.S. and Mexican authorities apparently require evidence beyond vague charges of "troublemaking." However, in no case, coming to the writer's attention was the bracero informed of his right of appeal. Thus, braceros seem almost invariably under the impression that they may be sent back to Mexico at any time and for any reason if they incur the displeasure of the crew leader or camp operator. Bracero s' behavior is predicated upon this belief. To this extent, it becomes an operational fact even in geographic areas where it may not be an objective fact.

Having staked so much on coming to the United States to make money, the average bracero will endure almost anything in preference to jeopardizing his goal. The desire to remain in the good graces of the mayordomos and jefes leads, in most cases, to acceptance of their diagnoses and therapeutics.

In all fairness, it should be pointed out that mayordomos and jefes are in a difficult position. Many demands are made of them by their employers. They are expected to be chauffeurs, bookkeepers, personnel relations experts, and half a hundred other things, including doctor and nurse. Even granting them the best will in the world, and even granting them considerable shrewdness in the matter of gross diagnoses, the system

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[1]Interview, November 16, 1958.

[2]Interview, June 30, 1958.

breaks down over the simple fact that they have so much else to do they cannot perform well their duties with respect to the health of their men.

Assume, for example, that a bracero becomes ill while working in the fields. Perhaps it is something serious, such as organic phosphate poisoning, but the crew leader is hardly in a position to know. All he can do is weigh the alternative courses that are open to him. He has a choice between (1) leaving his crew in the field unsupervised while he takes the sick man to the doctor; (2) taking the whole crew with him to town; (3) making the sick man as comfortable as possible until the working day is over, and then taking him back to camp. If the crew leader chooses either (1) or (2), he cannot carry out his responsibilities to the other men in his crew and to the farmer for whom the crew is working. Since the foreman's first duty is to agricultural production, rather than maintenance of health, the impulse to choose alternative (3) is likely to prove overwhelming. The sick bracero is made as comfortable as possible in the contractor's truck. At the end of the day he is taken back to camp. If his condition is serious enough, a doctor may be called that night. Otherwise, the bracero goes on sick call the next morning.

In any discussion of the social system, mention should be made of the role which Mexican consuls may play in the provision of health services to braceros in the U. S. Article 20 of the International Agreement reads as follows:

> The employer shall promptly notify the representative of the Secretary of Labor, the United States Immigration and Naturalization Service of the United States Department of Justice, and the appropriate Mexican Consul of all cases of death of Mexican workers, whether from natural causes or accidental, and . . . all cases of serious illnesses or serious accidents.

It is evidently the intention of this Article that the Mexican Consuls shall be provided with information which will enable them to assist braceros, when necessary, in obtaining compensation, indemnities, and other benefits to which they or their survivors are entitled. We have little evidence that this Article is often put to this use, but occasionally an unusually persistent bracero is able to obtain satisfaction, with the help of the Mexican Consul, which he would in all likelihood not have obtained otherwise. Because of the potential importance of this avenue of appeal, we shall quote at length from a bracero who had received consular assistance.

> I arrived at the _____ Association in February. I was assigned to _____ Farms, on _____ Island. It was raining and we worked soaked to the skin. After work we would go into the heated barracks. I noticed that this started to affect my eyes. Every morning, when I woke up, I noticed my eyes would hurt as if there were fire in them. I asked the mayordomo to please put me in another place where there was no heater, but he refused. So I started sleeping on the floor of the shower room, where there were no fumes. But my eyes kept getting worse.

Finally, the mayordomo took me to a doctor. The doctor gave me a shot and some pills, and sent me back to work. He said there was nothing wrong with me. So I went back to work cutting asparagus. One night, after work, we were climbing on the truck to go back to camp. It was raining, and almost dark. The truck was just a big truck that they used to haul asparagus. It had no ladders to climb up on. The men just got on whichever way they could. My shoes were muddy, and my eyesight was not good, so I slipped and fell and hit my stomach on the edge of the truck. It hurt very much, but I hoped it would go away, so I said nothing. But in a few days, the pain was so fierce, I asked to be taken to the doctor. The mayordomo did not want to take me, but I complained so much that finally he took me to the same doctor that had looked at my eyes. All he did was put some binding around my stomach. I went back in a few days, and said it still hurt, but all he did was take off the binding and told me to get back to work. I worked six weeks this way with a terrible pain in my stomach. I did not miss a single day's work. When the pain got so bad that I could not work any more, my friends in camp would just take me back to the barracks. The next day I would go back to work.

They finally took me to another doctor. He said I needed an operation for hernia. He said he could not operate on me immediately because he was very busy and he sent me back to work and I worked for another week. Then I was taken back to this doctor, and he sent me to the hospital and operated on me. I was in the hospital twenty days. While I was in the hospital, I told this good doctor about my eyes. He advised me to see an eye specialist as soon as I got out of the hospital.

When I got out of the hospital, I told the mayordomo what the good doctor had said, but the mayordomo took me back to the same old association doctor, and he again told me there was nothing wrong with my eyes. When I got back to camp, I told my friends what had happened, and they advised me to see the Mexican Consul. They all chipped in to buy my bus fare to Sacramento.

I told the Consul everything, and he said he would investigate the matter and write me a letter. I didn't have enough money to get back to camp, so I hitch-hiked. When I had gotten almost all the way back to _____ Island, a man stopped me and told me I had been reported as a wetback because I had left the camp to go see the Consul. He took my passport and called the association. They came for me and took me to the office in Stockton. They bawled me out because I went to see the Consul, and they told me I was going to be sent back to Mexico immediately.

I pleaded with them that I was sick, but they just bawled me out. Before they had a chance to send me back to Mexico, though, I guess the Consul got in touch with them. So I was

allowed to continue staying in camp. Finally, I went to an eye specialist on my own. I paid him myself. He said I was very sick and that I might need an operation. He gave me a pair of dark glasses to wear. They helped me a lot. He told me to come back in a few days. When I was ready to go back, the men from the association would not let me. I told them that I was paying out of my own money, but they still refused to let me go. It was then they sent me back down here to the reception center.

I got one letter from the Consul, showing he was trying to help me. I know he was helping me, because I got $100 from the insurance company for the rupture. The Consul made them pay or else I would have gotten nothing. The Consul sent me some other letters, but the association refused to give them to me.

I have worked in Texas, several times, but it was never as bad as it was in that camp. There were many complaints from the men about the food, but nobody ever listened to them. In this camp, if we ever wanted anything extra, like butter, milk, or jelly, we had to pay extra. In the whole time I was there, I never got a free glass of milk with any of my meals. All I ever got free was the coffee.

Now I am about to be shipped back to Mexico, and my eyes are still as bad as ever. Look at them. You can see they are red, and one of them is partly cloudy. I would like to have something done for me. They tell me there is nothing they can do for me here. If they send me back to Mexico in this condition, I will be helpless. I have no money left to pay for doctors on my own. The most I ever made in one day at _____ Farms was $7.27. That was for eleven hours of work. Many days, my crew made less than $2.00 from cutting asparagus all day. One day, we made only $0.95 apiece. Each week, after room and board was deducted, and insurance, I made only about $6.00. The Consul told me that I was supposed to get $14.00 per week for the time I was sick, but I never did.[1]

This man was repatriated. His story, while possibly overdrawn in some respects, was essentially correct. Unlike most braceros, he had retained various types of documentary evidence, including all his paycheck stubs, which corroborated his allegations about earnings. He also possessed a carbon copy of a letter from his consular representative to the manager of the contracting association, indicating that the Consul had taken an active interest in the case. The letter read, in part, as follows:

Dear Mr. _____:

Mr. _____, contracted by your association . . . came to this office to inform us of an occupational accident . . . for which he has remained disabled as up to date. He claims

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[1]Interview, May 27, 1958.

not to have received, as yet, payment of temporary compensation.

Mr. _____ advises me also that he is suffering of an illness in his eyes which, he believes is causing the loss of his sight.

With this reference it is kindly requested that you inform me why Mr. _____ has not received his workmen's compensation and to advise me what is the doctor's opinion insofar as Mr. _____'s eye illness.

I avail myself of this opportunity to remind you of your obligation to notify this office in compliance with Article 20 of the International Agreement of any serious accidents or illness that may effect the Mexican Agricultural Workers.

Truly yours,

_____, Consul of Mexico

As noted in Section A of this chapter, U. S. Department of Labor officials tend to take the position that braceros' health insurance "is strictly the Consul's baby." If a worker has a medical grievance, the case will not ordinarily be handled by a Department of Labor compliance officer. For example, in the following memorandum from one compliance officer to another, it may be observed that, while the Consul in this case defended the worker's position, the U. S. Department of Labor took no stand on the matter.

Guillermo _____ _____. . .is being sent to your Center, not for medical treatment, but to clear the question, whether the injury was pre-existing or not.

Request that this be cleared by Center M.D., Consul and your office.

He was to be operated on for Epigastric Ventro-Hernia, sometime during the week of June 23 to 27.

. . .[The] insurance agent. . . gave orders not to operate; because injury was pre-existing before contracted at El Centro.

Dr. _____, in _____, stated that the worker and other workers had the same injury, that it could be caused by worms or diarrhea.

If injury is pre-existing please tell Consul that employer and insurance company would like to repatriate worker without further medical treatment. (Consul _____ says that medical treatment should be given worker.)

I am sending worker to Center only because I cannot clear his status and the insurance agent will not accept his claim.

Worker insists that he was injured while working for _____ in _____, in the latter part of December, 1957, while pushing cart in a muddy field and fell. He felt pain, but kept on working. That night pain with fever was present. (He kept going to M.D. intermittently, given medicines or shots.)

He was operated for double hernia by Dr. _____ in _____ on May 13, 1958.

The insurance company does not want to give worker further treatment. His contract expires June 30, 1958. Please advise us what to do.[1]

Unofficially, some compliance officers entertain decided convictions about the insurance arrangements for braceros. For example, in one of our interviews a compliance officer clearly implied that in his judgment, all was not as it might be in the braceros' nonoccupational insurance program:

I can tell you this about the way the Company's insurance works: when one of the Nationals dies, the local mortuary is supposed to be paid $350 for funeral expenses. I have observed a number of these cases, and would estimate that the mortuary's expenses are probably no greater than $100. I have no idea what becomes of the rest of the money. Another thing that I noticed recently, was an accident in Holtville in which a taxi-driver ran down and killed a bracero. As you may know, the insurance policy allows $1,000 life insurance in the case of a natural death and provides double indemnity in the case of accidental death. Well, now, I saw the reports of this accident in Holtville and they were worded in such a way that you wouldn't think that the taxi-driver had had anything at all to do with it. . . . Why, to read the report that is filed with the Consul, you would think that this bracero had just dropped dead in the middle of the street.[2]

Occasionally, a Department of Labor representative will intercede on behalf of a bracero who has a medical grievance. In March, 1954, for example, a compliance officer in a border county registered two complaints with the insurance company. They were answered in the following manner:

Charges were made that the doctor in charge of our Brawley area had charged one Mexican National under contract labor $6.00 for treatment of venereal disease, apparently gonorrhea; that he had not collected because the patient did

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[1]Memorandum, July 4, 1958.

[2]Interview, May 8, 1957.

not have money with him. That he had charged another man on the same occasion $3.00 for the same disease and had collected. This was thought to be irregular. . . .

I then contacted Dr. _____ who verified that such services had been given and such charge had been made. I also contracted Dr. B_____ in El Centro and he stated in effect that that had been done and that it had been done under his orders inasmuch as he thought that the VD was not covered by our Insurance Comapny contract and that the charge was proper and in order. . . .

Of course venereal disease is one of the five exclusions in the policy, but again, as a gesture of cooperation and in line with the spirit of the services of the Insurance Company, it was desired that wherever a VD case presented itself in our large dispensaries where we had a full-time staff. . . that if the VD case lends itself to treatment of one or two injections. . . that such treatment be given gratis. . . .On VD cases where prolonged treatment. . . would ensue. . . the Insurance Company was under no obligation to treat them and the doctor should advise the employer of such and advise them of possible outlets, such as 1. Sending them to the local Health Department which generally has free clinics for them. 2. That the patient pay a private doctor with the previous understanding that it was to be a private fee and never for any service rendered by our medical unit. 3. That the patient be repatriated.

A second charge was enumerated. . . stating that on Monday, March 22, 1954, at about 11:40 in the morning, a patient by the name of R_____, a Mexican National under contract labor, appeared at the Brawley dispensary and requested treatment for a cough, a cold of a mild nature. The nurse in charge attempted to get Dr. _____ who was in the Hotel in the same building that the dispensary is located in, and who is our doctor in charge of that dispensary, and was unable to, because he apparently was out to lunch. Following that, Dr. _____ was called by phone in El Centro for information and he also was not available at that time. The patient waited a few minutes and stated he did not wish to wait until 2:30 at which time the doctor would report back to the dispensary to continue medical treatment of the patients and therefore the nurse gave him an intramuscular injection of penicillin and some sulfa tablets and some nose drops, the patient having no fever. . . . This was given by her following the pattern of the doctors in the treatment of such cases as this patient had an upper respiratory infection. . . .

This charge was investigated by calling Mrs. _____, the nurse on duty in that dispensary and she verified essentially as reported above. Also, Dr. _____ stated that he knew the case and had not been available at that time. Dr. _____ was also called and he stated that he had not received the call from the nurse regarding that case. . . .

> It is not understood clearly by me that when two doctors are available (full-time) in that area why one or the other could not be contacted, nonetheless this did occur and Dr. _____ will no longer be in charge of our Brawley dispensary from April 1st on . . . .[1]

In this case, then, the action of the compliance officer had a definite effect. But, for the most part, Department of Labor personnel apparently subscribe to the attitude of the official quoted earlier, who said, "We don't want to get involved."

To summarize our discussion of the supervisory system functioning within the bracero program: certain types of administrative persons at the "grass roots" level are in positions to make crucial decisions affecting the lives of braceros, including their receipt of medical care. For the most part, these classes of supervisors have neither the knowledge or training to make such decisions properly. What is more, they are frequently torn by a "conflict of interest" between the needs of braceros on the one hand, and the needs of growers on the other. It seems certain that here lies one of the major explanations of the apparent disparity between probable health needs of braceros and the services which they actually receive. The nature of the social system itself is inimical to the sensitive provision of medical care services.

N. Economic Influences upon Medical Care Utilization

One of the officers of a company which writes bracero health insurance told the author,

> The Nationals go to the doctor for every little thing. I would not say they are hypochondriacs, exactly. You've got to remember that they're out there working in temperatures of 110 or 115 degrees. If they go to the doctor, it means a cool ride, a wait inside a building that is probably air-conditioned, and a few hours vacation from work. So naturally a lot of them take advantage of this opportunity.[2]

Such a statement can only be said to reflect ignorance of the true nature of the bracero system--a system with its taproots in compulsions which are usually far more powerful than the desire for a few minutes of rest in the shade.

Braceros generally come to the United States for one reason and one reason only: to make money. Other motives, such as adventure and new experience, or disaffection with home life, weigh so lightly in the total balance they may be disregarded. The reason for braceros' preoccupation with earnings is very clear. They and their families have been living at a starvation level. They see no prospects that conditions in Mexico will improve. They do not know how long they will be permitted to remain in

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[1]Memorandum, March 25, 1954.

[2]Interview, April 10, 1958.

the U.S. They may have to support their families for a year on whatever they are able to make during a six week contract. Their one aim, then, is to make as much money as they possibly can while they are in this country.

Every consideration is weighed by the bracero in the light of one question: How will this activity affect the amount of money I am able to save? Considerations of health are put to this test along with considerations of entertainment, clothing, and everything else.

The bracero's contract specifies that "the Employer shall guarantee the Mexican Worker the opportunity to work for at least three-fourths of the workdays of the total period during which the Work Contract and all extensions thereof are in effect" (Article 10). But any day on which the bracero is unable to work because of illness is counted a working day, and goes toward the three-fourths time guarantee. If the worker with a six week contract becomes sick immediately after arriving at the place of employment (as many do), and remains sick a month (as some do), the employer has fulfilled his obligation. The man may return to Mexico penniless--worse than penniless, since he has to pay $1.75 per day for food and $0.13 per day for insurance as long as he remains in camp, whether he is earning anything or not.

Most braceros prefer to continue working as long as they are able. Going to the doctor usually means the loss of at least half a day's pay. And if the doctor says that one should go to the hospital? This could mean the loss of many days' wages. Braceros being relatively naive in medical matters, are often in no position to anticipate the length of time they may be ordered to refrain from work. Rather than take a chance on losing considerable work time, they are apt to keep to themselves even minor ailments.

As indicated earlier in this chapter, there are camps in which this sort of deterrent appears not to operate. When men are able to see a doctor with the loss of only an hour or two of work at most, they are apt to look with considerable interest on medical care. And when the doctor has the reputation of being "reasonable" when it comes to insisting upon bed rest or hospitalization--then he may find braceros prove to be enthusiastic partisans of the healing art.

In addition to the lost work time which is often involved, many braceros have found that going to a doctor represents direct out-of-pocket costs despite the existence of insurance that should cover it. The following are examples:

A bracero who was just completing his contract in Northern California said,

> While I was working for _____ Farms, I got sick. My mouth puffed up and swelled. I think it was because of the poison they put on the plants. It hurt a lot. I told the boss and he brought me some medicine. He charged me for the medicine. In all the other camps I have ever been in, the medicine was free. At this camp, they also charge the men whenever they take them to the doctor in town. In the

other camps where I have been in California and Texas, they do not charge for this.[1]

Another bracero said,

> When I was working for Mr. _____, of the _____ Association, I had a friend who got sick, and went to the association. He had to pay $5.00 for the visit, and for a shot.[2]

A bracero who had been working in the San Joaquin Valley, told us,

> Last August, I was picking peaches near Planada. . . . I got a pain in my stomach; I don't know what it was from. I went to a doctor in Merced that took care of the men from that camp. He took some X-rays of me, and told me to come back later, he said that I just needed some rest. He told my boss not to let me work for eight days. The doctor did not explain a thing to me. I never saw him again. I finally got well on my own. He did not cure me.
>
> About a month later, I found that $22.50 had been deducted from my check. I went to the boss and protested. He said that he had been instructed to take the $22.50 out of my check to pay the doctor's charge. My boss said he did not know of any reason why they should do this since I pay for my insurance. But he said he was just acting under orders.
>
> So I lost eight days of work, did not get cured, and had to pay a bill of $22.50. If I had known this would happen, I would certainly never have gone to the doctor in the first place.
>
> Later on one of the other braceros in camp told me that the insurance does not pay for any kind of stomach sicknesses.
>
> Another time, a friend of mine was also sick. He was taken to a doctor and was given some kind of medicine in a bottle. Then he went back to work. On the next payday, he did not get a cent. He protested, but it did not do him any good. He was told that his money had gone to pay the doctor, and pay for the medicines.[3]

Unlike many of the other braceros who told us of similar experiences, this particular informant produced receipts to verify his story.

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[1] Interview, June 2, 1958.

[2] Interview, July 7, 1958.

[3] Interview, June 5, 1958.

A bracero who had been working in the Imperial Valley reported,

> I worked for Mr. _____ only 45 days, because I got sick and he would not pay my medical bills. I had to go back to Mexico and pay for my own treatment.[1]

Another bracero stated,

> In 1954 and 1955, I worked near Parker, Arizona, for fifteen months altogether. We had to pay out of our own pockets whenever we got sick. I got stomach trouble and was sick for fifteen days. I had to pay for the doctor myself. . . . The other men had the same experience. The insurance did not pay for anything.[2]

A bracero who had been working in a citrus area of Southern California said,

> I got sick here. My eyes hurt very much. I don't know what caused it, but it may have been something they sprayed on the trees. I went to the camp doctor. He sent me to an eye specialist. I had to pay the eye specialist from my own pocket. I also missed over nine days of work, and got nothing for it. In fact, I had to make up for my board.[3]

One bracero who had been to the United States eight times under contract reported the following unusual case:

> In one camp where I worked, a friend of ours was sent to the hospital with appendicitis. There was a collection among the other braceros to pay for the medical and hospital bills.[4]

Of the several types of economic pressure which may militate against a bracero's seeking medical care, by all odds the most potent is the fear that he may be sent back to Mexico. Not only would this mean an abrupt end to the possibility of his saving money during his current contract--it might also mean difficulty in obtaining contracts in the future. Many of our informants mentioned, in passing, their fears that they would jeopardize their status if they were to seek medical attention. For example, one bracero said,

> When I was picking cherries for the _____ Association last year, I fell off a ladder and injured my

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[1]Interview, May 1, 1958.

[2]Interview, April 28, 1958.

[3]Interview, May 23, 1958.

[4]Interview, June 18, 1958.

shoulder. I kept quiet because I did not want to make any trouble. I worked the way I was. I did not make much money because I could hardly work.[1]

We have already quoted, in an earlier section of this chapter, a bracero who had been repatriated before the end of his contract, and who felt that the sole reason was that he had demanded to be taken to a doctor.

Evidently, braceros are particularly fearful that they will be disciplined if they consult a doctor for a venereal disease. A former employee of a border reception center said,

> When I was working there, the Mexican Consul posted signs around the center, which he said came from the Mexican government. The signs said that any bracero who catches venereal disease in the United States would be immediately deported. They also said that any bracero who was repatriated for having venereal disease would not be permitted to re-enter for at least a year. The Consul. . .confided to me, though that this was just to try to scare the men into behaving themselves. He told me that he didn't intend to try to enforce it.[2]

The significant point, however, is that the braceros who read these signs probably believed they were subject to severe punishement if they contacted venereal disease in the U. S.--or, more accurately, if they were discovered to have contacted venereal disease. As a matter of fact, statements by a number of our informants indicated that, while the consul may not have intended to enforce the edict, other officials intended to and did.

The manager of a growers' association in San Bernardino County said,

> It is only natural that if a man gets v.d. while he is up here, he may be a little reluctant to go to the doctor and admit that he has it. But we usually find out about it anyway. Usually a man will discuss it with one of his friends in the barracks. He will try to find out what he can do to cure it and this friend will ask for the ideas of some other man, and so it spreads. Eventually word gets to the camp management. Then, out they go, right now, especially if it's somebody who has been working in the kitchen.[3]

A bracero who had been working for one of the larger Southern California bracero-users' associations said,

> There were many camp followers--bad women--and I got a venereal disease. I first noticed it on a Friday. I went

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[1]Interview, June 9, 1958.

[2]Interview, July 24, 1957.

[3]Interview, July 24, 1957.

to the camp clinic, but I was told the camp doctor would not be in until Monday. I went Monday and was told he would not be in until Tuesday. It hurt very much, so I went to Los Angeles and got treatment on my own, and paid out of my own pocket. Later on, I went to the association doctor to get further treatment. They treated me, and then sent me back to El Centro. They told me they did not want me and that I had lost my privilege to be in the United States. After I was told I was to be sent back to Mexico, the farmer I was working for at that time offered me work without a contract. I refused, because I knew I would not have any rights at all.[1]

Another bracero who had been working in the citrus belt stated,

> In 1954, at San Bernardino, I contracted v.d. I was not only refused medical attention, I was sent back to Mexico.[2]

It is possible that such disciplinary measures as these have served to reduce the frequency with which braceros contact venereal disease in the United States. In view of the nature of the program, however--a program involving hundreds of thousands of virile males totally without licit sexual outlets--it is much more likely that repressive measures serve merely to discourage braceros from seeking medical treatment which they need. We found evidence that this was the case, through interviews with braceros such as the contract worker who confided,

> I have a venereal disease, which I got here in the Imperial Valley. Please do not tell anybody. I have been afraid to report it because I am afraid they might send me right back to Mexico. I have much pain and discharge. What do you think I should do?[3]

The sorts of considerations we have dealt with in this section are among the most important determinants of the manner in which the bracero health insurance plan works in practice, as distinguished from the manner in which it is set forth in the master policies.

O. Comments and Recommendations

An unexceptionable health insurance plan may be created on paper--and, in many respects, has been created on paper in California's bracero program--but the only ultimate test of the adequacy of any such plan is the extent to which the health needs of individuals are met on a day-to-day basis. On such a test, the health program for braceros must be judged less than adequate.

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[1] Interview, June 20, 1958.

[2] Interview, July 2, 1958.

[3] Interview, September 10, 1958.

It is probably not putting the case too strongly to say that several of the characteristics we have been discussing--cultural differences, for example, and the economic compulsions which lie at the heart of the foreign contract labor system--make a first rate medical care plan extremely difficult to achieve within the framework of the bracero program.

The recommendations which follow, then, are not made in the expectation that, even if followed to the letter, they would yield a medical care program fully acceptable in American terms. These recommendations are made on the assumptions (1) that the bracero program, in substantially its present broad outlines, will continue to exist for some time to come, and (2) that so long as it exists, efforts should be made to remove or reduce such impediments to good medical care as are removable or reducible at all.

(a) The attitude on the part of many U. S. Department of Labor representatives that the braceros' health insurance "is strictly the Consul's baby" appears to be an essentially arbitrary administrative policy. It does not derive from any specific provisions of the International Agreement or Standard Work Contract. Surveillance of the health and medical care features of the bracero program would seem as legitimate concerns of U.S. authorities as housing, transportation, or wages. If the U. S. Department of Labor feels it lacks a sufficiently clear mandate at the present time, it should press for more specific assignment of medical care supervision in the legal documents governing the program.

(b) Profits from the writing of bracero nonoccupational health insurance in California appear substantially higher than is normal for this type of enterprise and difficult to justify in terms of risks to the companies involved. It is not suggested here, however, that all profits should necessarily be taken out of the bracero health insurance program. Nor is it suggested that adjustments in the situation should lie primarily in the direction of reducing premiums. Principal adjustments, rather, should take the form of improving services, which we believe could well be done within the existing premium structure of at least one, and possibly both, of the two companies presently writing this form of insurance in California.

If it were possible to affect the improvements in service recommended below, and, at the same time, affect premium reductions, this should be done. It is conceivable that both might be accomplished if the writing of this insurance were placed on a more competitive basis than it seems to be at the present time.

The first emphasis, though, should be upon meeting as fully as possible the health needs of braceros. When and if this is done, attention may be turned to the question of whether the profit levels which then remain are fair and reasonable.

(c) The common practice of deducting $1.00 per week from braceros' wages--which amounts to an equivalent of substantially more than the announced premium of $4.00 per month--should be abandoned. Deductions should be made once a month. If a bracero is repatriated before the end of the month, he should be reimbursed on a pro rata basis for the unused portion of his premium.

(d) When feasible, medical care should be furnished at dispensaries within each camp, rather than at doctors' offices in town. This assumes, of course, that these dispensaries are well equipped and well maintained, and that medical care is furnished by qualified personnel.

(e) If real freedom of choice of physician is impossible within the context of the bracero system--as it may be--the "guarantee" of this freedom by the Master Policy should be eliminated. The inclusion of such provisions, which are evidently not intended to be taken seriously, only serves to bring the policy as a whole into disrepute. Yet, at the same time, the program should include arrangements for the exercise of choice by braceros to the greatest extent possible. If a bracero is definitely unhappy with the care he has received from a given camp physician, it should be possible for him to go on "sick call" in some nearby camp, or perhaps even go to a doctor in town. Such alternatives should be open without prejudice to the braceros who attempt to avail themselves of them. That is to say, for example, braceros who cannot get along with the camp physician should not be discriminated against in job assignments.

(f) It is unfair to the bracero to have days of sickness counted as days of work in satisfying the contractual guarantee of three-fourths time employment. It is common, under this practice, for men to be returned to Mexico without having earned anything toward payment of debts incurred during the precontracting process, not to mention support of their families. On the other hand, it might be unfair to bracero-users to have to pay wages to men who were incapacitated most of the contract period. Several solutions are possible. Braceros who lose more than one-quarter of the contract period from illness or injury might automatically be placed on a re-contracting list, to have first preference at new contracts being offered, upon their return to the reception center. Perhaps an even more satisfactory solution would be an increase in the income protection feature of the health insurance policies. In the course of our study, we found that the average gross earnings of braceros in California are about $33 per week. An indemnity in this amount, in the event of incapacitation beyond one week, would not seem unreasonable.

(g) Braceros should receive careful orientation concerning repatriation procedures. They should know, before arriving at their place of employment, the conditions under which they may and may not be returned to Mexico. Their avenues of appeal should be explained with particular care, in the event of threatened deportation which they consider unjust. Such an orientation should include specific mention of the relationship (or absence of relationship) between repatriation and medical problems.

(h) Braceros should be given a thorough going orientation in the meaning of health insurance and the provisions of their particular health insurance policy. This orientation should be given orally, by someone well versed in medical care administration, but without a vested interest in the insurance program. That is, it should probably not be a representative of the insurance company directly involved.

(i) Braceros should also be given an orientation in some of the characteristics of American medicine with which many of them are unfamiliar. This orientation should be given by someone competent both in medical care and anthropology, if possible.

(j) Braceros should, finally, be given continuing orientation on conditions of their employment and conditions of camp life, whereby accidents and illness can be anticipated and prevented to the greatest possible extent. Accidents would also be reduced if the exclusion of braceros from the operation of mechanical equipment and other dangerous tasks were more vigorously enforced.

(k) Health needs of braceros would also be materially reduced if the recommendations we have advanced in earlier chapters were implemented--particularly those having to do with the precontracting process, medical screening, transportation, housing, and feeding.

(l) Physicians associated with the bracero program should be able to speak Spanish. If there is a shortage of Spanish-speaking physicians in California (and all the evidence suggests there is), perhaps it is not too late to begin encouraging young Mexican-American men and women to enter the medical profession, through scholarships, grant-in-aid programs, and so forth.

(m) Physicians connected with the bracero health insurance program should, whenever possible, have some familiarity with the behavioral sciences, and should, at the very least, be sensitive to the "sociosomatic" problems inherent in the bracero system.

(n) The almost totally unchecked, and often irresponsible, power which minor functionaries within the bracero system now exercise over the lives of braceros--including their receipt of medical services--should be mitigated. It might help considerably if mayordomos and jefes received some orientation on the hazards of their trying to make medical decisions. Too, they should receive some training in basic first aid. But in the final analysis, the following inflexible rule should be laid down and enforced: no one, whatever his function within the bracero system, should be allowed to deny a worker the right to seek medical care he feels he needs.

(o) Careful consideration should be given the possibility of extending braceros' type of health insurance to the supervisory personnel immediately above them within the system. In this case, the supervisory personnel would perhaps develop a lively personal interest in cooperating to the end that the health program functioned optimally.

(p) There are rich potentialities within the bracero program for original research in the health and social sciences. At the present time, none of the agencies associated with the program maintains the sorts of statistical systems necessary to capitalize upon these potentialities. It is probably unreasonable to ask the private insurance companies to go to the added expense of modifying their record systems. But a small grant by a foundation or some other organization with an interest in medical sociology would permit an independent researcher, with the cooperation of the insurance companies, to gather relevant data routinely.

Any such research should be conducted with full respect for human values. That is, as a minimum, such research should be contingent upon the knowledge and consent of braceros themselves. There is more than enough coercion and manipulation within the bracero system without it

being compounded in the name of science. If researchers approach braceros as rational, dignified human beings, and solicit their cooperation in legitimate inquiries, in all likelihood they will find, as we found in the course of our studies, that there is an uncommon spirit of generosity and even of sweetness among these men. Other researchers may find, as we found, that it is difficult not to be moved by the survival of this spirit in a program which is marked by so much depersonalization and harshness.

APPENDIX A

Memorandum from Office of the Medical Director of the Pan-American Underwriters Company for the Care of Mexican Nationals in the State of California, to All Associated Doctors:

> The Continental Casualty Company has agreed to take care of the non-occupational diseases and injuries of these Mexican Nationals employed by the various Labor Associations. . . . The type of care will be on a more-or-less sick-call basis and will consist mostly of upper respiratory infections, gastro-intestinal upsets, pneumonias, etc., with some surgical conditions, such as appendicitis, and will be mostly in the manner of a sick-call basis as in the Army, pertaining to the complaint. If the condition persists, then the patient can be given a thorough examination, including any diagnostic procedures in order to definitely eatablish just what the condition is, and also whether it comes under our jurisdiction. . . .
>
> A minimum of laboratory work should be done, inasmuch as these patients have been medically screened twice and the possibility of a serious condition will not be great. However, if after a period of clinical observation and symptomatic treatment, the condition persists or gets worse, then of course all laboratory procedures and diagnostic procedures should be entered into as dictated by the judgment of the associated doctor.
>
> It can then be seen that the care of these patients is not exhausting. However, the important point is the availability of the doctor and this is one reason you are being paid as much as you are--it is not so much the volume of work, but the fact that you must be available at the time you are needed.

. . . . . .

> Immediately on starting to work for the insurance company you should present yourself to all the camps to which you are assigned and introduce yourself to all camp managers and to all involved. You should also post in the various camp dispensaries the telephone number and the hours that you will be at the various camps, etc., so that you can be reached any time needed. This notice should also state that the insurance company will not be responsible for the payment for medical care solicited from any other doctor unless you are on an emergency call and a major attempt has been made to secure your services and you were not available. This of course is to avoid duplication cost to the insurance company.
>
> . . . On arriving at, or taking over an area, the doctor may rent, if space is not already provided, a space for the use of his office and dispensary for the care of these Nationals, within easy reach of the workers, preferably in the camp itself,

or in the nearby town centrally located to the majority of camps, and the greatest volume of men. The rental units at these camps can be secured at a rental of about $25.00 or $30.00 and in a nearby town for about $50.00. A combination private office and space for the care of these men may be obtained if the doctor will pay his pro rate of the rent. He may rent as many of these as are needed but he will not be needed in every camp, as several camps can be groups to be serviced by one centrally located clinic.

The instruments provided by the Insurance Company will be a minimum and will include those necessary for a suturing job or injections, and will consist only of hemostats at the most two of them, some thumb forceps, suture scissors, catgut, and a container for all to be kept sterile. Neither a sterilizer nor a cautery will be provided. Sterilizing of syringes should be done by the doctor at his office, at a nearby hospital, or in the dispensary, using a pan of water and boiling them, and having proper holders with which to pick them up. Diagnostic instruments, such as anoscopes, proctoscopes and cystoscopes, will rarely be used. . . . The situation resolves itself to the matter of excessive inventory which Insurance Companies cannot use and with subsequent disposal problems. . . .

Every ingenuity should be thought of and exercised in reducing the cost of drugs and dispensing material--such as the dispensing of only a few laxative pills at a time. Not too many of them should be given as they may use only one and then throw the others away or not use them. Likewise cough medicines, etc. They should be dispensed in one oz. or at the most two oz. bottles, and be refilled as needed rather than to give a 4 oz. bottle and have them use only half. The dispensing paper should be of the cheapest so it can be easily disposed. Paper cups are excellent for this. The soda fountains have paper containers in which they dispense ice-cream and these can be purchased very cheaply to be used as dispensers for pills, tablets, etc.

. . . . . .

No prescriptions will be given for outside filling except in unusual circumstances where the patient himself will pay for them, or where the drug is not available at the dispensary and is absolutely necessary for the treatment of the patient. . . . The care and attention of the drug therapy and purchasing procedures will be very big items in the over-all cost in the care of these individuals and very active thought is requested of the associated doctors in this respect. The Insurance Comapny urgently requests your help in the economical use of drugs.

. . . . . .

Hospitalization should be kept at a minimum consistent with the welfare of the patients. However, with the age group and the previous medical screening, the hospitalization needs will be at a minimum. . . .

Care should be taken that excessive drugs or laboratory work not be ordered and that the patient not be kept hospitalized unduly. . . . Dismissal from the hospital should be kept in mind but also remember that the patient goes to barrack-like quarters where he has to walk for his meals, etc. However, also keep in mind that the patient will probably not speak English and will probably feel more at home with his Spanish-speaking friends in his quarters.

. . . . . .

It is the desire of the Insurance Company to leave these areas very much on an autonomous basis and in complete charge of the associated doctors in the area. Therefore it will be up to the organization and administrational efforts of the doctors to determine just how to fix up this program, as to records, etc., providing there are a sufficient number available for the company to have an idea as to the sick and accident ratios that occur in each camp.

The matter of reports etc., is on a monthly basis. The associated doctor should count the number of patients seen per day at the various units and submit a written report to that effect direct to the Medical Director. . . in brief form. It should also state the number of hospital cases, the diagnoses and disposition of them.

. . . . . .

It is impossible to disassociate the living conditions, the eating environment and work conditions from this plan inasmuch as it is vitally affected. Therefore it is requested that weekly inspection be made of the sanitation facilities in the camps. Any unsanitary conditions that might lead to more disease or injuries among the men are to be reported to the camp manager and to the proper authorities so that they can be rectified. If an unusual outbreak of disease occurs, camp inspection should be made immediately, especially to where the finger points with the greatest suspicion. Also when there are such hazards as the use of chemicals on the vegetables, or sprays in the groves, etc., that might trouble the men's skin or perhaps be absorbed into the skin, or produce toxic effect from oral ingestion, a special lookout should be maintained. These are industrial hazards but they should nonetheless be pointed out to the camp managers and to the growers. . . .

The ultimate goal of course is to keep these men in good condition so that they can perform their duties for which they

came to California, to better themselves financially and also to better the agricultural industry in California.

. . . . . .

Medically, the fundamentals are that the patients be well taken care of on the most economical basis.

Los Angeles, California
1952

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APPENDIX B

Extracts from Correspondence from Medical Director, Pan-American Underwriters, to Physicians Participating in Bracero Health Insurance Program:

Dear Doctor_____:

We have received information to the effect that you were kind enough to take care of and hospitalize one of the Mexican Nationals from (your) area. We appreciate this service very much, however, we want to apprise you of the following: that is that we have a full-time doctor to take care of these Mexican Nationals in (your) area, and he is the one we have designated to hospitalize any case that he feels needs to be hospitalized, leaving only the office cases requiring treatment to the local doctors. . . .[1]

* * * *

Dear Doctor_____:

Regarding the schedule of fees that we are able to pay and that we have agreed to pay for the care of these individuals. A copy is enclosed in case you do not have one. You will note that we allow $4.00 for the first visit and physical examination, and $2.00 for each subsequent visit. . . . We are however willing to pay an additional but reasonable sum for drugs used parenterally. This is in accord, as you will understand, with the other Insurance Companies and especially Compensation Insurance Companies that do likewise. However, these drugs must be billed to us at cost to the physician and not at any mark-up. For instance, in your abocillin, which you apparentlyuse so much, our present cost is $1.13 per 1 cc of 600,000 units. This is list price at the drug store and ordinarily the druggist will allow as a rule a 25% courtesy discount, making this about 85 cents per injection. Your charge to us was $2.00 which was a mark-up of at least 87 cents and more probably $1.15 so that the payment of these bills is being made on the above basis, which is our obligation. . . .

The other item to be mentioned is the matter of the venereal disease case which you apparently treated. . . . The Insurance Company is not responsible for the treatment of VD cases and the patient should pay for this service himself. . . .

The item listed as strapping of the chest is being honored, however, we do not usually pay an additional $2.00 for the use of the tape. Incision and drainage of an abscess

[1] Letter, June 18, 1953.

is usually listed at $10.00. Apparently the abscess you incised on Aurelio L_____ was very small, inasmuch as this was located on the eyelid. The charge as billed will be honored, but the anesthetic fee will not be.

The enclosed fee schedule will give you an idea of the charges that you can make on laboratory work. . . . We urge that you do a minimum of laboratory work. . . . Do not make unnecessary smears, or run urinalysis, and etc.[1]

. . . . . .

Dear Dr. _____:

We are shipping to you the drug set-up we use in camps of up to 300 men--this should suffice for the time being and then you can replenish your supply. . . merely by having your secretary jot down what is needed and sending it to our pharmacy direct and they will take care of the order for you . . . . We like to stay within the type of medicines we sent because of the economy and etc. . . . I have reference especially to the routine use of antibiotics and in preference to sulfa and etc. . . .

I hope you have a good season with these men as well as a profitable one.[2]

* * * *

Dear Dr._____:

This letter is to welcome you to our panel of physicians. . . .

Surgery, except in emergency, is not to be performed until proper authorization has been obtained from this office. . . . Drugs dispensed should be of the basic pharmacopoeia or the national formulary drugs, getting away from the pharmaceutical preparations that are usually more expensive. Drugs are prescribed in limited amounts to the patients. . . . In cases of diarrhea, of which we have quite a few among these Mexican Nationals, we use bismuth subnitrate quite abundantly and we use paregoric with a tincture of opium only in case of pain--this is very inexpensive and effective. Tolserol tablets are as a rule not used in these conditions except where the patient is excessively nervous. . . .[3]

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[1]Letter, September 2, 1953.

[2]Letter, March, 1954.

[3]Letter, September 15, 1953.

Doctor _____. . . telephoned me on June 4, requesting advice and medical disposition of (Victoriano A _____) of the _____. The history as he related it to me was that this patient entered this country in May, 1956, and approximately 2 weeks later, or about May 15, reported to him with an acute tonsillitis with a complication of a severe polyarthritis of all the joints. His diagnosis was that of a rheumatic fever with acute exacerbation due to the tonsillitis. The tonsillitis has now subsided. . . .

I recommended the following: that he hospitalize the patient until he is over the acute phase of pain or distress, and that immediately the patient is able to move and be transported to the (Reception) Center, that Dr. _____ write a letter to the Labor Association with a copy to the Mexican Consul in Sacramento, advising him of the diagnosis and his opinion of whether or not the condition is a pre-existing one, and of course stating that the patient is unable to work and will be unable to work for a period of time as these cases of rheumatic fever require a prolonged period of rest, that the patient can be moved and that undoubtedly they would then send him by proper conveyance to the border for repatriation as soon as the acute phase subsides. . . .[1]

. . . . . .

Dear Doctor _____:

We find your incidence of appendectomies is much higher than average--very high. . . . We bring this to your attention so that you can watch the differential diagnoses carefully. We ask that you match your pathological reports with your pre-operative diagnosis and thus be guided for future surgery.

. . . bear in mind that we have allowed you a liberal salary and other expenditures, which means that we will have a reduced amount to allow for hospitalization. In other words, your salary allowance will continue in effect but any increases will depend on the minimizing of all other expenditures such as hospital, surgical procedures, and drugs.[2]

* * * *

. . . It seems that the fault again lies with Doctor _____ who is, I think, either inexperienced or indifferent, or I don't know what, but this is the type of therapy and etc., that seems so inconsistent with economics. . . . I myself get disgusted with this type of prescription work.

It seems that Doctor _____ did prescribe these drugs which were dispensed--they are the most expensive drugs that

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[1]Memorandum, June 7, 1956.

[2]Letters, May 28 and June 6, 1953.

a doctor prescribes, and they were prescribed in large amounts which I think is unnecessary, but they have been dispensed and the bill (will) have to be paid.

The druggist did charge a bit more than routine but very little. . . .

I would take Doctor _____ off the panel and circulate the information among the camp managers, and I would recommend (that) you . . . distribute the circulars that . . . give an idea of . . . the type of drug to prescribe, and etc., and even if they are not under our jurisdiction, on a private patient basis it gives them an idea of how to take care of these patients. I think you would save hundreds of dollars in drugs alone, and I would circularize all who have to do with this program in any way.[1]

[1]Letter, November 22, 1952.

APPENDIX C

Table 43

2,924 Doctors' Services Rendered to Mexican Nationals Under Nonoccupational Insurance, by Diagnosis, International Statistical Classification Number, and Employer, October, 1956

Diagnosis and International Statistical Classification Number	Employer						
	Total, all employers	Employer One[a]	Employer Two[b]	Employer Three[c]	Employer Four[d]	Employer Five[e]	Employer Six[f]
Total, All Diagnoses	2,924	783	765	482	410	387	97
Infective and Parasitic Diseases (001-138)	205	40	37	84	37	2	12
Syphilis, unqualified (029)	102	17	15	70	--	2	--
Acute or unspecified gonorrhea (030)	33	--	8	2	23	--	--
Other venereal disease (036-039)	6	--	--	--	6	--	--
Dysentery (045-048)	6	--	6	--	--	--	--
Streptococcal sore throat (051)	9	2	--	7	--	--	--
Herpes zoster (088)	8	5	3	--	--	--	--
Mumps (089)	12	--	--	--	--	--	12
Worm infestation, unspecified (130)	13	9	1	3	--	--	--
Other infective and parasitic diseases (001-138 residual)	16	7	4	2	1	2	--
Neoplasms (140-239)	15	2	6	--	7	--	--
Allergic, Endocrine System, Metabolic, and Nutritional Diseases (240-289)	61	13	35	8	--	2	3
Asthma (241)	13	4	--	4	--	2	3

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(Footnotes are at end of table)

Table 43--Continued

Diagnosis and International Statistical Classification Number	Total, all employers	Employer					
		Employer One[a]	Employer Two[b]	Employer Three[c]	Employer Four[d]	Employer Five[e]	Employer Six[f]
Allergic, Endocrine System, Metabolic, and Nutritional Diseases--Continued							
Urticaria (243)	8	3	5	--	--	--	--
Allergic eczema (244)	7	2	4	1	--	--	--
Other allergic disorders (245)	6	1	4	1	--	--	--
Polyneuritis (280)	11	--	11	--	--	--	--
Avitaminosis, unqualified (286.6)	16	3	11	2	--	--	--
Mental, Psychoneurotic, and Personality Disorders (300-326)	73	8	4	13	38	7	--
Asthenic reaction (318.3)	55	--	3	11	34	7	--
Other psychoneurotic disorders (310-318 residual)	18	8	1	2	4	--	--
Diseases of the Nervous System and Sense Organs (330-398)	201	86	19	36	28	26	6
Ill-defined vascular lesions affecting CNS (334)	18	18	--	--	--	--	--
Epilepsy (353)	6	3	2	1	--	--	--
Sciatica (363)	22	18	2	2	--	--	--
Neuralgia, neuritis not otherwise specified (366)	44	20	5	2	10	7	--
Conjunctivitis (370)	18	8	3	2	--	3	2

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(Footnotes are at end of table)

Table 43--Continued

Diagnosis and International Statistical Classification Number	Employer						
	Total, all employers	Employer One[a]	Employer Two[b]	Employer Three[c]	Employer Four[d]	Employer Five[e]	Employer Six[f]
Diseases of the Nervous System and Sense Organs --Continued							
Otitis media without mention of mastoiditis (391)	58	14	1	17	9	13	4
Other diseases of nervous system and sense organs (330-398 residual)	35	5	6	12	9	3	--
Diseases of the Circulatory System (400-468)	28	10	6	4	8	--	--
Coronary heart disease (420.1)	8	--	--	--	8	--	--
Other diseases of circulatory system (400-468 residual)	20	10	6	4	--	--	--
Diseases of the Respiratory System (470-527)	819	188	194	115	76	206	45
Acute nasopharyngitis (470)	141	34	9	11	--	87	--
Acute sinusitis (471)	16	5	3	6	--	2	--
Acute pharyngitis (472)	63	15	17	13	4	13	1
Acute tonsillitis (473)	35	10	5	4	3	8	5
Acute laryngitis (474)	13	2	6	--	--	5	--
Acute upper respiratory infection, multiple or unspecified sites (475)	176	56	46	17	20	--	37
Influenza, respiratory or unqualified (481)	113	24	18	17	11	41	2
Influenza, digestive (482)	16	2	12	1	1	--	--
Lobar pneumonia (490)	22	--	14	--	--	8	--

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(Footnotes are at end of table)

Table 43--Continued

Diagnosis and International Statistical Classification Number	Total, all employers	Employer: Employer One[a]	Employer Two[b]	Employer Three[c]	Employer Four[d]	Employer Five[e]	Employer Six[f]
Diseases of the Respiratory System--Continued							
Primary atypical pneumonia (492)	23	2	14	4	3	--	--
Acute bronchitis (500)	17	2	13	2	--	--	--
Bronchitis, unqualified (501)	112	20	6	20	29	37	--
Pleurisy (519)	29	13	3	7	5	1	--
Other diseases of upper respiratory tract, lung, & pleural cavity (470-527 residual)	36	3	21	13	--	4	--
Diseases of the Digestive System (530-587)	537	131	176	39	93	95	4
Stomatitis (536)	7	--	7	--	--	--	--
Stomach ulcer (540)	16	1	15	--	--	--	--
Duodenal ulcer (541)	6	2	4	--	--	--	--
Gastritis (543)	46	16	17	6	3	2	2
Functional disorders of stomach not specified as psychogenic (544)	34	15	5	3	--	11	--
Acute appendicitis (550)	99	10	23	--	47	19	--
Appendicitis, other and unqualified (551-552)	14	8	2	--	--	4	--
Hernia of abdominal cavity without mention of obstruction (560)	7	--	5	2	--	1	--
Hernia of abdominal cavity with obstruction (561)	14	14	--	--	--	--	--

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(Footnotes are at end of table)

Table 43--Continued

Diagnosis and International Statistical Classification Number	Employer						
	Total, all employers	Employer One[a]	Employer Two[b]	Employer Three[c]	Employer Four[d]	Employer Five[e]	Employer Six[f]
Diseases of the Digestive System--Continued							
Gastro-enteritis and colitis except ulcerative (571.1)	186	40	44	8	43	50	2
Functional disorders of intestines not specified as psychogenic (573)	15	9	3	1	--	2	--
Cholecystitis (585)	27	6	13	7	--	1	--
Diseases of pancreas (587)	25	--	25	--	--	--	--
Other diseases of digestive system (530-587 residual)	41	10	13	12	--	5	1
Diseases of the Genito-Urinary System (590-617)	152	50	34	21	38	7	2
Infections of kidney (600)	17	6	9	2	--	--	--
Cystitis (605)	30	2	11	13	4	--	--
Urethritis, nonvenereal (607)	37	11	3	1	1	1	2
Prostatitis (611)	21	--	4	3	12	2	--
Epididymitis (614)	23	23	--	--	--	--	--
Balanitis (617)	9	4	4	--	--	1	--
Other diseases of genito-urinary system (590-617 residual)	15	4	3	2	3	3	--
Diseases of the Skin and Cellular Tissue (690-716)	214	32	48	86	19	13	12
Boil and carbuncle (690)	26	7	5	10	--	1	3
Cellulitis of finger and toe (691)	51	7	--	40	--	1	3

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(Footnotes are at end of table)

Table 43--Continued

Diagnosis and International Statistical Classification Number	Total, all employers	Employer One[a]	Employer Two[b]	Employer Three[c]	Employer Four[d]	Employer Five[e]	Employer Six[f]
Diseases of the Skin and Cellular Tissue--Continued							
Other cellulitis and abscess without mention of lymphangitis (692)	53	7	14	15	6	6	5
Eczema (701)	6	--	4	2	--	--	--
Dermatitis (702-703)	43	8	11	13	6	5	--
Other local infections of skin and subcutaneous tissue (694-698)	14	1	11	1	1	--	--
Diseases of sweat and sebaceous glands (714)	8	2	--	2	4	--	--
Other diseases of the skin and cellular tissue (690-716 residual)	13	2	5	3	2	--	1
Diseases of the Bones and Organs of Movement (720-749)	325	152	83	30	25	21	4
Arthritis, all forms (720-725)	17	12	1	4	--	--	--
Lumbago (726.0)	116	58	8	9	1	5	--
Myofibrosis of humeroscapular region (726.1)	34	11	5	2	1	1	--
Other muscular rheumatism (726.2, 726.3)	102	56	5	10	8	6	3
Rheumatism unspecified (727)	11	4	--	--	--	7	--
Synovitis, bursitis, and tenosynovitis (741-742)	29	4	1	5	13	--	--
Other diseases of bones and organs of movement (720-749 residual)	16	7	2	--	2	2	1

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(Footnotes are at end of table)

Table 43--Continued

Diagnosis and International Statistical Classification Number	Total, all employers	Employer: Employer One[a]	Employer Two[b]	Employer Three[c]	Employer Four[d]	Employer Five[e]	Employer Six[f]
Accidents, Poisonings and Violence (Nature of Injury) (N800-N999)	184	47	94	28	12	1	2
Fracture of skull, spine or trunk (N800-N809)	6	--	6	--	--	--	--
Fracture of lower limb (N810-N819)	23	--	23	--	--	--	--
Dislocation without fracture (N830-N839)	8	--	--	8	--	--	--
Sprains and strains of sacro-iliac region (N846)	44	9	25	6	4	--	--
Other sprains and strains (N840-N845, N847-N848)	16	3	7	5	--	1	--
Head injury, except fracture (N850-N856)	10	3	7	--	--	--	--
Laceration and open wound of face, neck, and trunk (N870-N879)	11	--	10	--	--	--	1
Laceration and open wound of upper limb (N880-N888)	11	3	3	--	5	--	--
Laceration and open wound of lower limb (N890-N898)	6	1	1	3	1	--	--
Adverse reactions to medical procedures (N997-N999)	24	18	6	--	--	--	--

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(Footnotes are at end of table)

Table 43--Continued

Diagnosis and International Statistical Classification Number	Employer						
	Total, all employers	Employer One[a]	Employer Two[b]	Employer Three[c]	Employer Four[d]	Employer Five[e]	Employer Six[f]
Accidents, Poisonings and Violence (Nature of Injury)--Continued							
Other accidents, poisonings and violence (N800-N999 residual)	25	10	6	6	2	--	1
Diagnostic Procedures	16	5	3	--	8	--	--
Inadequate Diagnosis, or no Diagnosis Given	94	19	26	18	21	7	7

[a]San Joaquin Farm Production Association, Stockton, California.

[b]San Diego County Farmers Association, San Diego, California.

[c]Agricultural Labor Bureau, Fresno, California.

[d]Progressive Growers Association, San Jose, California.

[e]A group of associations in the Watsonville, California, area, which were served by a single physician. They included the Growers Farm Labor Association, the Watsonville Growers Association, and the Central Coast Farm Labor Association.

[f]Redlands-Highlands Farm Labor Association, Redlands, California.

NOTE: Those conditions for which five or fewer total services were rendered in residual categories.

SOURCE: Claims filed with Pan-American Underwriters, Los Angeles, California.

Table 44

2,924 Doctors' Services Rendered to Mexican Nationals Under Nonoccupational Insurance, by Diagnosis, International Statistical Classification Number, Employer, and Per Cent of Total Diagnosis, October, 1956

Diagnosis and International Statistical Classification Number	Employer						
	Total, all employers	Employer One[a]	Employer Two[b]	Employer Three[c]	Employer Four[d]	Employer Five[e]	Employer Six[f]
Total, All Diagnoses	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Infective and Parasitic Diseases (001-138)	7.0	5.1	4.8	17.4	9.0	0.5	12.4
Syphilis, unqualified (029)	3.5	2.2	2.0	14.5	--	--	--
Acute or unspecified gonorrhea (030)	1.1	--	1.0	0.4	5.6	--	--
Other venereal diseases (036-039)	0.2	--	--	--	1.5	--	--
Dysentery (045-048)	0.2	--	0.8	--	--	--	--
Streptococcal sore throat (051)	0.3	0.2	--	1.4	--	--	--
Herpes zoster (088)	0.3	0.6	0.4	--	--	--	--
Mumps (089)	0.4	--	--	--	--	--	12.4
Worm infestation, unspecified (130)	0.4	1.1	0.4	0.6	--	--	--
Other infective and parasitic diseases (001-138 residual)	0.5	0.9	0.5	0.2	0.2	0.5	--
Neoplasms (140-239)	0.5	0.2	0.8	--	1.7	--	--
Allergic, Endocrine System, Metabolic, and Nutritional Diseases (240-289)	2.1	1.7	4.6	1.7	--	0.5	3.1
Asthma (241)	0.4	0.5	--	0.8	--	0.5	3.1
Urticaria (243)	0.3	0.4	0.6	--	--	--	--

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(Footnotes are at end of table)

Table 44--Continued

Diagnosis and International Statistical Classification Number	Employer						
	Total all employers	Employer One[a]	Employer Two[b]	Employer Three[c]	Employer Four[d]	Employer Five[e]	Employer Six[f]
Allergic, Endocrine System, Metabolic, and Nutritional Diseases--Continued							
Allergic eczema (244)	0.3	0.2	0.5	0.2	--	--	--
Other allergic disorders (245)	0.2	0.1	0.5	0.2	--	--	--
Polyneuritis (280)	0.4	--	1.4	--	--	--	--
Avitaminosis, unqualified (286.6)	0.5	0.4	1.4	0.4	--	--	--
Mental, Psychoneurotic, and Personality Disorders (300-326)	2.5	1.0	0.5	2.7	9.3	1.8	--
Asthenic reaction (318.3)	1.9	--	0.4	2.3	8.3	1.8	--
Other psychoneurotic disorders (310-318 residual)	0.6	1.0	0.1	0.4	1.0	--	--
Diseases of the Nervous System and Sense Organs (330-398)	6.9	11.0	2.5	7.5	6.8	6.7	6.2
Ill-defined vascular lesions affecting CNS (334)	0.6	2.3	--	--	--	--	--
Epilepsy (353)	0.2	0.4	0.2	0.2	--	--	--
Sciatica (363)	0.8	2.3	0.2	0.4	--	--	--
Neuralgia, neuritis not otherwise specified (366)	1.5	2.6	0.6	0.4	2.4	1.8	--
Conjunctivitis (370)	0.6	1.0	0.4	0.4	--	0.8	2.1
Otitis media without mention of mastoiditis (391)	2.0	1.8	0.1	3.5	2.2	3.4	4.1
Other diseases of nervous system and sense organs (330-398 residual)	1.2	0.6	0.8	2.5	2.2	0.8	--

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(Footnotes are at end of table)

Table 44--Continued

Diagnosis and International Statistical Classification Number	Employer						
	Total all employers	Employer One[a]	Employer Two[b]	Employer Three[c]	Employer Four[d]	Employer Five[e]	Employer Six[f]
Diseases of the Circulatory System (400-468)	1.0	1.3	0.8	0.8	1.9	--	--
Coronary heart disease (420.1)	0.3	--	--	--	1.9	--	--
Other diseases of circulatory system (400-468 residual)	0.7	1.3	0.8	0.8	--	--	--
Diseases of the Respiratory System (470-527)	28.0	24.0	25.4	23.9	18.5	53.2	46.4
Acute nasopharyngitis (470)	4.8	4.3	1.1	2.2	--	22.5	--
Acute sinusitis (471)	0.5	0.6	0.4	1.2	--	0.5	--
Acute pharyngitis (472)	2.2	1.9	2.2	2.7	1.0	3.4	1.0
Acute tonsillitis (473)	1.2	1.3	0.6	0.8	0.7	2.0	5.2
Acute laryngitis (474)	0.5	0.2	0.8	--	--	1.3	--
Acute upper respiratory infection, multiple or unspecified sites (475)	6.0	7.2	6.0	3.5	4.8	--	38.1
Influenza, respiratory or unqualified (481)	3.9	3.1	2.3	3.5	2.6	10.6	2.1
Influenza, digestive (482)	0.5	0.2	1.5	0.2	0.2	--	--
Lobar pneumonia (490)	0.8	--	1.8	--	--	2.0	--
Primary atypical pneumonia (492)	0.8	0.2	1.8	0.8	0.7	--	--
Acute bronchitis (500)	0.6	0.2	1.7	0.4	--	--	--
Bronchitis, unqualified (501)	3.9	2.6	0.8	4.1	7.1	9.6	--
Pleurisy (519)	1.0	1.7	0.4	1.4	1.2	0.3	--

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(Footnotes are at end of table)

Table 44--Continued

Diagnosis and International Statistical Classification Number	Total all employers	Employer: Employer One[a]	Employer Two[b]	Employer Three[c]	Employer Four[d]	Employer Five[e]	Employer Six[f]
Diseases of the Respiratory System--Continued							
Other diseases of upper respiratory tract, lung, & pleural cavity (470-527 residual)	1.2	0.4	3.7	2.7	--	1.0	--
Diseases of the Digestive System (530-587)	18.4	16.7	23.0	8.1	22.7	24.5	4.1
Stomatitis (536)	0.3	--	0.9	--	--	--	--
Stomach ulcer (540)	0.5	0.1	2.0	--	--	--	--
Duodenal ulcer (541)	0.2	0.2	0.5	--	--	--	--
Gastritis (543)	1.6	2.1	2.2	1.2	0.7	0.5	2.1
Functional disorders of stomach not specified as psychogenic (544)	1.2	1.9	0.6	0.6	--	2.9	--
Acute appendicitis (550)	3.4	1.3	3.0	--	11.5	4.9	--
Appendicitis, other and unqualified (551-552)	0.5	1.0	0.2	--	--	1.0	--
Hernia of abdominal cavity without mention of obstruction (560)	0.3	--	0.6	0.4	--	0.3	--
Hernia of abdominal cavity with obstruction (561)	0.5	1.8	--	--	--	--	--
Gastro-enteritis and colitis except ulcerative (571.1)	6.4	5.2	5.8	1.7	10.5	12.9	1.0
Functional disorders of intestines not specified as psychogenic (573)	0.5	1.1	0.4	0.2	--	0.5	--

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(Footnotes are at end of table)

Table 44--Continued

Diagnosis and International Statistical Classification Number	Employer						
	Total all employers	Employer One[a]	Employer Two[b]	Employer Three[c]	Employer Four[d]	Employer Five[e]	Employer Six[f]
Diseases of the Digestive System--Continued							
Cholecystitis (585)	0.9	0.8	1.7	1.4	--	0.3	--
Diseases of pancreas (587)	0.8	--	3.3	--	--	--	--
Other diseases of digestive system (530-587 residual)	1.4	1.3	1.7	2.5	--	1.3	1.0
Diseases of the Genito-Urinary System (590-617)	5.2	6.4	4.4	4.4	9.3	1.8	2.1
Infections of kidney (600)	0.6	0.8	1.1	0.4	--	--	--
Cystitis (605)	1.0	0.2	1.4	2.7	1.0	--	--
Urethritis, nonvenereal (607)	1.3	1.4	0.4	0.2	4.7	0.3	2.1
Prostatitis (611)	0.7	--	0.5	0.6	2.9	0.5	--
Epididymitis (614)	0.8	2.9	--	--	--	--	--
Balanitis (617)	0.4	0.5	0.5	--	--	0.3	--
Other diseases of genito-urinary system (590-617 residual)	0.5	0.5	0.4	0.4	0.7	0.8	--
Diseases of the Skin and Cellular Tissue (690-716)	7.3	4.1	6.3	17.8	4.7	3.6	12.4
Boil and carbuncle (690)	0.9	0.9	0.6	2.1	--	0.3	3.1
Cellulitis of finger and toe (691)	1.7	0.9	--	8.3	--	0.3	3.1
Other cellulitis and abscess without mention of lymphangitis (692)	1.8	0.9	1.8	3.1	1.5	1.6	5.2

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(Footnotes are at end of table)

Table 44--Continued

Diagnosis and International Statistical Classification Number	Employer						
	Total all employers	Employer One[a]	Employer Two[b]	Employer Three[c]	Employer Four[d]	Employer Five[e]	Employer Six[f]
Diseases of the Skin and Cellular Tissue--Continued							
Eczema (701)	0.2	--	0.5	0.4	--	--	--
Dermatitis (702-703)	1.3	1.0	1.4	2.7	1.5	--	--
Other local infections of skin and subcutaneous tissue (694-698)	0.5	0.1	1.4	0.2	0.2	1.3	--
Diseases of sweat and sebaceous glands (714)	0.3	0.2	--	0.4	1.0	--	--
Other diseases of the skin and cellular tissue (690-716 residual)	0.5	0.2	0.6	0.6	0.5	--	1.0
Diseases of the Bones and Organs of Movement (720-749)	11.1	19.4	10.8	6.2	6.1	5.4	4.1
Arthritis, all forms (720-725)	0.6	1.5	0.1	0.8	--	--	--
Lumbago (726.0)	4.0	7.4	4.3	1.9	0.2	1.3	--
Myofibrosis of humero-scapular region (726.1)	1.2	1.4	2.5	0.4	0.2	0.3	--
Other muscular rheumatism (726.2, 726.3)	3.5	5.0	2.5	2.1	1.9	1.6	3.1
Rheumatism unspecified (727)	0.4	0.5	--	--	--	1.8	--
Synovitis, bursitis, and tenosynovitis (741-742)	1.0	0.5	0.9	1.0	3.1	--	--
Other diseases of bones and organs of movement (720-749 residual)	0.5	0.6	0.5	--	0.5	0.5	1.0

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(Footnotes are at end of table)

Table 44--Continued

Diagnosis and International Statistical Classification Number	Employer						
	Total all employers	Employer One[a]	Employer Two[b]	Employer Three[c]	Employer Four[d]	Employer Five[e]	Employer Six[f]
Accidents, Poisonings and Violence (Nature of Injury) (N800-N999)	6.3	6.0	12.3	5.8	2.9	0.3	2.1
Fracture of skull, spine or trunk (N800-N809)	0.2	--	0.8	--	--	--	--
Fracture of lower limb (N810-N819)	0.8	--	3.0	--	--	--	--
Dislocation without fracture (N830-N839)	0.3	--	--	1.7	--	--	--
Sprains and strains of sacroliliac region (N846)	1.5	1.1	3.3	1.2	1.0	--	--
Other sprains and strains (N840-N845, N847-N848)	0.5	0.4	0.9	1.0	--	0.3	--
Head injury, except fracture (N850-N856)	0.4	0.4	0.9	--	--	--	--
Laceration and open wound of face, neck, and trunk (N870-N879)	0.4	--	1.3	--	--	--	1.0
Laceration and open wound of upper limb (N880-N888)	0.4	0.4	0.4	--	1.2	--	--
Laceration and open wound of lower limb (N890-N898)	0.2	0.1	0.1	0.6	0.2	--	--
Adverse reactions to medical procedures (N997-N999)	0.8	2.3	0.8	--	--	--	--
Other accidents, poisonings and violence (N800-N999 residual)	0.8	1.3	0.8	1.2	0.5	--	1.0

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(Footnotes are at end of table)

Table 44--Continued

Diagnosis and International Statistical Classification Number	Employer						
	Total all employers	Employer One[a]	Employer Two[b]	Employer Three[c]	Employer Four[d]	Employer Five[e]	Employer Six[f]
Diagnostic Procedures	0.5	0.6	0.4	--	1.9	--	--
Inadequate Diagnosis, or no Diagnosis Given	3.2	2.4	3.4	3.7	5.1	1.8	7.2

[a]San Joaquin Farm Production Association, Stockton, California.

[b]San Diego County Farmers Association, San Diego, California.

[c]Agricultural Labor Bureau, Fresno, California.

[d]Progressive Growers Association, San Jose, California.

[e]A group of associations in the Watsonville, California area, which were served by the same physician. They included the Growers Farm Labor Association, the Watsonville Growers Association, and the Central Coast Farm Labor Association.

[f]Redlands-Highlands Farm Labor Association, Redlands, California.

NOTE: Those conditions for which five or fewer total services were rendered are tabulated in residual categories.

SOURCE: Claims filed with Pan-American Underwriters Co., Los Angeles, California.

APPENDIX D

Materials from Official Investigations of Bracero "Mystery Deaths"

Case 1

Antonio Barragan, 24, a Mexican National employed by Osumi Brothers, Huntington Beach, was taken to Orange County Hospital on March 22 (1957), in a state of coma. . . . Barragan has been employed by Osumi Brothers for about 18 months. His contract period expired, he traveled to Sonora, Mexico, December 6, was reassigned and returned December 9. He was known as a steady, reliable worker, always ready to help with anything he saw to be done. . . .

At 7:00 o'clock in the morning of March 22, Barragan was irrigating near the east end of the north spinach field, when Gene Osumi drove up to the pumping plant with his spray rig. While waiting for the 200 gallon tank to fill, he proceeded to clean the nozzles on the spray boom. Barragan walked over to the pumping plant and offered to pour the insecticide into the tank. Osumi had a one-gallon can of Butcher Brand TP050 Insect Spray (20% tetraethyl pyrophosphate, 30% other organic phosphates), and a glass jar for measuring. Barragan climbed on the rig, filled the jar and emptied it into the tank six times. . . . Osumi was busy with the rig and was not watching. When the tank was full Barragan walked away into the field where he was irrigating, and Osumi drove off and started spraying the south field. When he made his first turn toward the north, Osumi could not see Barragan. He stopped the rig at the dirt road and discovered Barragan lying unconscious in a furrow, about 600 feet from the pumping plant. He estimates it could not have been more than four or five minutes from the time they both left the pumping plant.[1]

* * * *

In conversations with numerous people involved in the case. . . there seems to be a difference in the cirsumstances. One person reported that Barragan was working in the field being treated and had been exposed to some chemical for several days. Another person said Barragan was actually spraying with an insecticide in water. . . .[2]

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[1] California State Department of Agriculture, Bureau of Chemistry, interdepartmental memorandum.

[2] Letter, Deputy Agricultural Commissioner, Orange County, to State Bureau of Chemistry.

Case 2

(José) Villanueva was a citrus fruit picker about 40 years of age, and had come to this country from Morelia, Michoacán, on May 23, 1956. He had worked in five different groves since that time, and for the several days immediately preceding his illness was picking on property of Edwards Associates near Santa Paula. . . . Villanueva had complained for four or five days of a pain around the neck, a common complaint of fruit pickers because of the weight of the sack carried over the shoulders. On June 21, he did not feel well and was taken to Dr. Lowe's office about 2:00 p.m., where he was given penicillin and other medicines to combat fever. His condition continued to worsen and at 10:00 p.m., he was taken to the hospital. In addition to the symptoms already described, he had a cyanotic discoloration in a butterfly pattern over the bridge of the nose, and a similar discoloration over both wrists and both ankles. The shins and the inner surface of the eyelids were covered with tiny blisters. The patient arrived at the hospital in a semi-comatose condition, with low blood pressure, from which he lapsed into complete coma with irreversible shock and ultimate anuria. Death occurred in the morning of June 23.[1]

Case 3

Name: Antonio Pérez
Age: 24
Address: San Juantumbio, Michoacán, Mexico
Next of kin: Father, Gumecindo Pérez
Cause of death: Unknown

I arrived at Rt. 1, Box 242, San Jose, at approximately 9:00 a.m., 8/13/55, and was met by Mr. Tonie Chiecki, who informed me that he was the owner of the ranch and Antonio Pérez had been working for him up until about a week ago. He stated that Pérez (had been) living in the barn on his ranch with four other Mexican boys (who were) working for a neighbor now, Mr. Edward Terisi. Chiecki stated that last night (8/12/55) he went into the barn to see how the boys were getting along and all were playing cards, and everything seemed to be all right. Then at 6:00 a.m., this morning, Mr. Manuel Mireles, living in the same barn came up to the house and told him, "Something must be wrong with Pérez, we can't wake him." Mr. Chiecki went out into the barn and there found Pérez dead. Chiecki than called Dr. Zanger, who pronounced Pérez dead at 8:00 a.m.

I examined the body and found no signs of any criminal violence that may have been committed upon the body, or any other signs to indicate the cause of death. The deceased was fully clothed, except for his shoes. They were next to the

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[1]California State Department of Agriculture, Bureau of Chemistry, interdepartmental memorandum.

Army type cot that he was sleeping upon. The temperature in the barn was very cold and Pérez used an Army overcoat for covers. Rigor mortis had just started to set in, when I examined the body, so would judge the time of death at approximately 3:30 a.m. The room in the barn where Pérez was found dead was occupied by four other Mexican boys. . . . .

Witness: Manuel Mireles. Stated that he heard Pérez cough during the night, but paid no attention to the matter until he tried to awaken Pérez, this morning. He called to Pérez several times but receiving no answer he went over to Pérez' cot and then noted that something was wrong with Pérez, and then notified Mr. Chiecki. Mireles said that last night all the fellows played cards and Pérez made no complaints of not feeling well. Mireles stated that Pérez ate on an average of 1 pail of green pears per day and lived mostly on fresh fruit.[1]

Case 4

Name: Julian Martinez Valdivia
Age: 38
Home: Michoacán
Length of time in the United States: 18 months
Death: 3:00 a.m., Saturday, June 15, 1956, cause undetermined

The deceased had worked in the vegetable field the day prior to his death and had complained of a slight cold, but had not complained of any other illness except a sore back from performing stooped labor. The company doctor had seen this man about a week prior to his death and had prescribed liniment for his sore back. The deceased's roommate stated that they had retired about 9:30 p.m., and that the deceased was apparently in good health. There did not appear to be any struggle nor disarrangement of bed clothing, nor physical movement at time of death.[2]

Case 5

Name: Simon Cruz
Age: Unknown
Marital status: Married
Address: Unknown

The decedent . . . is in this country on contract to the Progressive Growers, Scott Lane, Santa Clara. The Progressive

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[1]Deputy Coroner's report, Santa Clara County.

[2]Deputy coroner's report, Santa Barbara County.

Growers had let him out on another contract to John T. Murata, Rt. 1, Box 254, Williams Road, San Jose. He had gone to work on the Murata farm on May 6, 1956. Mr. Murata and the decedent's fellow workers advised that the decedent had appeared to be in good health at all times. He worked every day and was not a heavy drinker. On Saturday, June 16, 1956, the day prior to his death, he had worked a half day. He had then gotten a hair cut from one of the other men and he had cut the hair of some of the others. He did not complain of feeling ill and did not look sick. He stayed up until 11:00 p.m., writing letters. The next morning he did not get up. He was rushed to the hospital where he was D.O.A.

Examination of the body showed no signs of violence. He leaves a widow in Mexico, address unknown.[1]

Case 6

Name: Jesús Cahue
Address: Tutatero, Juntacareo, Michoacán
Death: 2:00 a.m., July 2, 1957, cause unknown

On July 2, 1957, at 7:25 a.m., I was dispatched by county radio to P. O. Box 224, Coyote, known as the Day and Young Ranch. At approximately 8:20 a.m., I arrived at the given address and was met by Deputy Coroner Bob Accinelli and Mr. Don Adams, superintendent of the farm laborers. I was taken to quonset hut #1, where I observed the body of a Mexican national, Jesús Cahue. . . . The victim was lying in a supine position, covered with a blanket and clothed only in cotton shorts. The temperature of his body was cold, rigor was completely set in, post mortem lividity was present in the victim's neck, back and lower extremities. . . .

Information received from Mr. Tomás Cahue, cousin of the victim, was that the victim had made no complaints of feeling ill prior to death. At about 11:30 p.m., on July 1, Tomás Cahue heard the victim groan and gasp for air. Tomás sat up in bed and saw that the victim was lying peacefully so thought that the victim was dreaming and went back to sleep. . . .

Prior to death the victim had been working in a lettuce field, which according to Mr. Don Adams has been sprayed with parathion about 30 days ago; the field had not been entered for at least 21 days after spraying. . . .[2]

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[1]Deputy coroner's report, Santa Clara County.

[2]Deputy coroner's report, Santa Clara County.

Case 7

Name: José Espinoza Miranda
Age: 27
Residence: Guerrero, Mexico
Place of employment: Ventura County
Length of time in the United States: Less than 1 month
Death: 10:00 p.m., Tuesday, April 17, 1956; toxic shock, cause unknown

He lived on a citrus ranch where he was employed as a temporary laborer. His acquaintances did not remember any signs, symptoms, or statements by the decedent to the effect that he might be in poor health on the evening of April 17, 1956, at which time he went to bed about 8:30 p.m., in his bunkhouse on the Del Mar Ranch. His friends looked for him the next morning when he did not appear at the usual hour, and found him lying dead in bed. Investigators state there was no sign of a struggle, no blood or gastric contents in the bed, and no container of any sort about the room which might have held poison or any potent medication. The decedent is stated to have been more or less of a teetotaler, and, so far as is known, he did not leave the ranch on the day before his death nor did he have any alcoholic beverage to drink. . . . He had had no recent contact with insecticides in the course of his duty. . . .[1]

Case 8

Name: Manuel Escamilla
Age: 41
Residence: Mexico, Mexico
Place of employment: Ventura County
Length of time in the United States: Less than 1 month
Death: 3:30 a.m., Wednesday, November 2, 1955; acute pulmonary edema, cause unknown

According to historical research the patient apparently was well on the night of his death. He reputedly was breathing rather loudly in his sleep. One of the other nationals attempted to rouse him because of the loud noisy respirations. He soon thereafter died. The Mexicans all speak no English and their interpretation of the exact nature of death is therefore difficult to evaluate.[2]

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[1]Coroner's report, Ventura county.

[2]Coroner's report, Ventura county.

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